


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90052 042 \*\*\*138.75

<b>DOCUMENT # L05000000985</b> 1. Entity Name BMJ DEVELOPMENTS, LLC	
---	---

Principal Place of Business 6350 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	Mailing Address 6350 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228
--	--



01072008No Chg-LLC

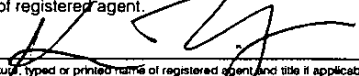
CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2103120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

5. Name and Address of Current Registered Agent  CASWELL, CHRIS 2364 FRUITVILLE ROAD SARASOTA, FL 34237
---

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent, and title if applicable</small>	DATE <u>1/9/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIGONE, K MIKE 6350 GULF OF MEXICO DR LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____ Daytime Phone # _____