
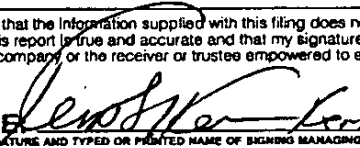


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-26-2006 90069 026 ****55.00

DOCUMENT # L05000006114 1. Entity Name BIMWAY TOOL COMPANY LLC					
Principal Place of Business 7914 N. LAGOON DR PANAMA CITY BEACH, FL 32408			Mailing Address P.O. BOX 18155 PANAMA CITY BEACH, FL 32417		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KARR, SUSANNE M 7914 N. LAGOON DR PANAMA CITY BEACH, FL 32408			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE _____ NAME KARR, KEN <input type="checkbox"/> Delete STREET ADDRESS 7109 LAGOON DRIVE CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	TITLE _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 8837 N. Lagoon Dr. STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE Principal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ROBERT L WAY STREET ADDRESS 8837 N. Lagoon Dr. CITY-ST-ZIP Panama City Bch. FL 32408				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE Principal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SUSANNE M KARR STREET ADDRESS 8837 N. Lagoon Drive CITY-ST-ZIP Panama City Bch. FL 32408				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE Principal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME NOELLE C. WAY STREET ADDRESS 11715 BELLAGIO RD. #1 CITY-ST-ZIP LA, CA 90049				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
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.					
SIGNATURE  Kenneth L Carr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30000743



01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2621583** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

FL Zip Code

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE _____ NAME KARR, KEN <input type="checkbox"/> Delete STREET ADDRESS 7109 LAGOON DRIVE CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	TITLE _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 8837 N. Lagoon Dr. STREET ADDRESS _____ CITY-ST-ZIP _____
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SIGNATURE  **Kenneth L Carr** ☒ Change ☐ Addition
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

850-231

1-19-06 9611



ATTACHMENT

3000743

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

BIMWAY TOOL COMPANY LLC
P.O. BOX 18155
PANAMA CITY BEACH, FL 32417

Subject: **BIMWAY TOOL COMPANY LLC**

Reference Number: **L05000006114**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040. ✓

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment. ✓

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314