


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90133 003 \*\*\*\*55.00

**DOCUMENT # L05000006114**

1. Entity Name  
**BIMWAY TOOL COMPANY LLC**



Principal Place of Business      Mailing Address

7914 N. LAGOON DR      P.O. BOX 18155  
 PANAMA CITY BEACH, FL 32408      PANAMA CITY BEACH, FL 32417

**20000810**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01042007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For

**20-2621583**      Not Applicable

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

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

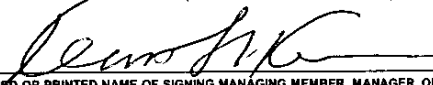
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KARR, KEN	
STREET ADDRESS	8837 N. LAGOON DR	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	P	<input type="checkbox"/> Delete
NAME	WAY, ROBERT L	
STREET ADDRESS	8837 N. LAGOON DR	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	P	<input type="checkbox"/> Delete
NAME	<del>KARR, SUSANNE M</del>	
STREET ADDRESS	8837 N. LAGOON DR	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	P	<input type="checkbox"/> Delete
NAME	WAY, NOELLE C	
STREET ADDRESS	11715 BELLGID RD. #1	
CITY-ST-ZIP	LOS ANGELES, CA 90049	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME	KARR, SUSANNE M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**       Date: **1-4-07**      Daytime Phone #: **850-235-9811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE