


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

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
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01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2621583	Applied For Not Applicable
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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

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

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

000000776877
 01/09/08-80041-022 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARR, KEN 8837 N. LAGOON DR PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAY, ROBERT L 8837 N. LAGOON DR PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARR, SUSANNE M 8837 N. LAGOON DR PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAY, NOELLE C 11715 BELLAGID RD. #1 LOS ANGELES, CA 90049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Ken Karr* Date: 1-7-08 Daytime Phone #: 850 235-4811

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