2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 13, 2006 8:00 am Secretary of State

DOCUMENT # L0500006604 1. Enlity Name B&M INVESTMENTS, L.L.C.						01-13-2006 9	0038 046 ****5	0.00
Principal Place	e of Business	Mailing Address			1			
124 NORTH ARCADIA, FL	BREVARD AVENUE 34266	124 NORTH BREVARD AVENUE ARCADIA, FL 34266						
2. Principal Place of Business		3. Mailing Address			. 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb	1054294		oplied For ot Applicable	
Zíp	Country	Zip	Country	•	5. Certificate	of Status Desired	Solution \$5.00 Add	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Re	<u>`</u>	
			1	Name				
	N, EUGENE E JR H BREVARD AVENUE FL 34266	Street Address		(P.O. Box Number is Not Acceptable)				
			(City			FL Zip Coo	ie .
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered	office or registe	ered agent, or bo	th, in the State of Flori	ida. 1 am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Ag	gent signature require	ed when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006								
Fi	iling Fee is \$50.00 ue by May 1, 2006		-				check payable to Department of Stat	æ
Fi D	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI	RS/MANAGERS	10.				Department of Stat	e
9.	ue by May 1, 2006 MANAGING MEMBEI MGRM	RS/MANAGERS	10.			Florida	Department of Stat	e Addition
9. TITLE NAME	MANAGING MEMBEI MGRM WALDRON, EUGENE E JR.	☐ Delete	10. TITLE NAME	ΔΩΩGESS		Florida	Department of Stat	
9.	ue by May 1, 2006 MANAGING MEMBEI MGRM	☐ Delete	10. TITLE NAME	ADDRESS I- ZIP		Florida	Department of Stat	
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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 eath; 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: Guegne & Waldon S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-10-2006

863-494-4323

Date

Daytime Phone #