


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2008 NOV 26 P 12:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

DOCUMENT # L05000006752 1. Entity Name BAM PROPERTIES, L.L.C.	
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Principal Place of Business 39620 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	Mailing Address 39620 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 30-0046740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, JOHN P 401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 STATHOPOULOS, BILL 39620 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKIFORAKIS, ANDREW 39620 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400138129754

11/20/08--01014--003 **138.75

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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:  _____

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

Date _____ Daytime Phone # _____