

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jul 25, 2006 8:00 am
Secretary of State

07-05-2006 90104 016 ****50.00

DOCUMENT # L05000012653 1. Entity Name B-G ENTERTAINMENT LLC					
Principal Place of Business 1824 EAGLE TRACE BLVD PALM HARBOR, FL 34685			Mailing Address 1824 EAGLE TRACE BLVD PALM HARBOR, FL 34685		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-5779611	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BROMAN, MICHAEL 1824 EAGLE TRACE BLVD PALM HARBOR, FL 34685				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>Michael Broman</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 07-03-06	
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROMAN, LYNDIA 1824 EAGLE TRACE BLVD PALM HARBOR, FL 34685 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GABER, MICHAEL 1824 EAGLE TRACE BLVD PALM HARBOR, FL 34685 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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]* 7-3-06 *[Initials]*