

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90255 039 ****50.00

DOCUMENT # L05000013022

1. Entity Name
BV DEVELOPMENT VI, LLC



Principal Place of Business
401 COMMERCIAL CT, STE A
VENICE, FL 34292

Mailing Address
401 COMMERCIAL CT, STE A
VENICE, FL 34292

60037836



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

779 Commerce Drive

Suite, Apt. #, etc.

Suite 1

City & State

Venice, FL

Zip

34292

Country

Sarasota

3. Mailing Address

779 Commerce Drive

Suite, Apt. #, etc.

Suite 1

City & State

Venice, FL

Zip

34292

Country

Sarasota

04052007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-2478029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, CHARLES D
420 NORTH RIVER ROAD
VENICE, FL 34293

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BV DEVELOPMENT, INC.
STREET ADDRESS 401 COMMERCIAL COURT SUITE A
CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME BV Development, Inc.
STREET ADDRESS 779 Commerce Drive, Suite 1
CITY-ST-ZIP Venice, FL 34292

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

James David Taylor 4/18/07

941-488-7682