
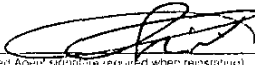



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90034 024 \*\*\*\*50.00

<b>DOCUMENT # L05000029107</b> 1. Entity Name <b>BM VENTURES, LLC</b>			
Principal Place of Business <b>674 SOUTH GULFVIEW BLVD.</b> <b>CLEARWATER, FL 33767</b>		Mailing Address <b>674 SOUTH GULFVIEW BLVD.</b> <b>CLEARWATER, FL 33767</b>	
2. Principal Place of Business - No P.O. Box # <b>437 S. GULFVIEW BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>437 S. GULFVIEW BLVD</b> Suite, Apt. #, etc.	
City & State <b>CLEARWATER, FL</b> Zip <b>33767-2508</b>		City & State <b>CLEARWATER, FL</b> Zip <b>33767-2508</b>	
4. FEI Number <b>33-1116311</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NICKOLAS C. EKONOMIDES, P.A.</b> <b>791 BAYWAY BLVD.</b> <b>CLEARWATER, FL 33767</b>		7. Name and Address of New Registered Agent Name <b>MEIR M. SWISA</b> Street Address (P.O. Box Number is Not Acceptable) <b>437 S. GULFVIEW BLVD.</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33767-2508</b>	
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 <u>Meir M. Swisa</u>  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>SOUTH BIL</b> <b>674 SOUTH GULFVIEW BLVD.</b> <b>CLEARWATER, FL 33767</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MEIR M. SWISA</b> <b>437 S. GULFVIEW BLVD</b> <b>CLEARWATER, FL 33767-2508</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE: Meir M. Swisa</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			