

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052626

Entity Name: BGG LLC

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

2828 SOUTH SEACREST BLVD  
SUITE 211  
BOYNTON BEACH, FL 33435

## Current Mailing Address:

2828 SOUTH SEACREST BLVD  
SUITE 211  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

2828 SOUTH SEACREST BLVD  
SUITE 210  
BOYNTON BEACH, FL 33435

## New Mailing Address:

2828 SOUTH SEACREST BLVD  
SUITE 210  
BOYNTON BEACH, FL 33435

FEI Number: 20-2977162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GATZ, BART G  
2828 SOUTH SEACREST BLVD  
SUITE 211  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

GATZ, BART G  
2828 SOUTH SEACREST BLVD  
SUITE 210  
BOYNTON BEACH, FL 33435 US

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.

SIGNATURE: BART G GATZ

01/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GATZ, BART G  
Address: 2828 SOUTH SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GATZ, BART G  
Address: 2828 SOUTH SEACREST BLVD, SUITE 210  
City-St-Zip: BOYNTON BEACH, FL 33435 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BART G GATZ

MGR

01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date