

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000063715

1. Entity Name
BAMM REAL ESTATE GROUP, LLC



Principal Place of Business

7916 EVOLUTIONS WAY
106
TRINITY, FL 34655

Mailing Address

7916 EVOLUTIONS WAY - ATTN. A. FLORES
106
TRINITY, FL 34655



02132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3408189

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GILMORE, DAVID C
7620 MASSACHUSETTS AVE.
NEW PORT RICHEY, FL 34653

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000829125
02/26/08-80027-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAMA, L.C.
7916 EVOLUTIONS WAY, SUITE 106
TRINITY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHAW, MATTHEW B
7916 EVOLUTIONS WAY, SUITE 106
TRINITY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FLORES III, ARMANDO
7916 EVOLUTIONS WAY, SUITE 106
TRINITY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

2/13/08

727-569-2327