

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90035 029 ****50.00

DOCUMENT # L05000066357					
1. Entity Name BULMAHN GROVES LLC					
Principal Place of Business 283 SPRINGWOOD LANE IDAHO FALLS, ID 83404-8104			Mailing Address 283 SPRINGWOOD LANE IDAHO FALLS, ID 83404-8104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number EIN: 83-0434332	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HALPEN, DAVID M ESQ. 239 S. COUNTY ROAD SUITE 300 PALM BEACH, FL 33480			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULMAHN, HUGO 1233 C.R. 78 LABELLE, FL 339355971	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULMAHN, GERALD L 7161 N 400 W DECATUR, IN 46733	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULMAHN, KENNETH D 283 SPRINGWOOD LANE IDAHO FALLS, ID 834048104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAHRWOLD, MAXINE 8405 N. 675 E OSSIAN, IN 46777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAHRWOLD, MAXINE 8405 N. 675 E OSSIAN, IN 46777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAHRWOLD, MAXINE 8405 N. 675 E OSSIAN, IN 46777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAHRWOLD, MAXINE 8405 N. 675 E OSSIAN, IN 46777	<input type="checkbox"/> Delete			
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: <i>Kenneth D. Bulmahn</i>				01/07/2006 (208)524-0987	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

60001322



01062006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BULMAHN, HUGO	
STREET ADDRESS	1233 C.R. 78	
CITY-ST-ZIP	LABELLE, FL 339355971	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BULMAHN, GERALD L	
STREET ADDRESS	7161 N 400 W	
CITY-ST-ZIP	DECATUR, IN 46733	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BULMAHN, KENNETH D	
STREET ADDRESS	283 SPRINGWOOD LANE	
CITY-ST-ZIP	IDAHO FALLS, ID 834048104	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	NAHRWOLD, MAXINE	
STREET ADDRESS	8405 N. 675 E	
CITY-ST-ZIP	OSSIAN, IN 46777	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Kenneth D. Bulmahn*

01/07/2006 (208)524-0987

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

Date Daytime Phone #