

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

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**



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0434332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BULMAHN, HUGO
STREET ADDRESS	1233 C.R. 78
CITY-ST-ZIP	LABELLE, FL 339355971
TITLE	MGR
NAME	BULMAHN, GERALD L
STREET ADDRESS	7161 N 400 W
CITY-ST-ZIP	DECATUR, IN 46733
TITLE	MGR
NAME	BULMAHN, KENNETH D
STREET ADDRESS	283 SPRINGWOOD LANE
CITY-ST-ZIP	IDAHO FALLS, ID 834048104
TITLE	MGR
NAME	NAHRWOLD, MAXINE
STREET ADDRESS	8405 N. 675 E
CITY-ST-ZIP	OSSIAN, IN 46777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000580486
01/10/07-80049-019 50.00

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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: Kenneth D. Bulmahn, Kenneth D. Bulmahn ⁽²⁰⁰⁾ 01/03/07 524-0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #