


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90058 020 ****50.00

DOCUMENT # L05000068436		
1. Entity Name BME GROUP, LLC		

Principal Place of Business 13090 WEXFORD HOLLOW ROAD NORTH JACKSONVILLE, FL 32224	Mailing Address 13090 WEXFORD HOLLOW ROAD NORTH JACKSONVILLE, FL 32224
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 551340 Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32255	Country USA

40000000



04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3821051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

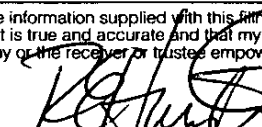
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent Name ROD HAMPTON Street Address (P.O. Box Number is Not Acceptable) 3854 CRICKET COVE RD. EAST City JACKSONVILLE FL Zip Code 32224	
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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 	DATE 4/18/06
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMPTON, RODNEY 13090 WEXFORD HOLLOW ROAD NORTH JACKSONVILLE, FL 32224 <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	MGR HAMPTON, ANGELA 13090 WEXFORD HOLLOW ROAD NORTH JACKSONVILLE, FL 32224 <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
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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: 	DATE 4/18/06 Daytime Phone # 904-685-5073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	