


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000068436 1. Entity Name BME GROUP, LLC	
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Principal Place of Business 13090 WEXFORD HOLLOW ROAD NORTH JACKSONVILLE, FL 32224	Mailing Address PO BOX 551340 JACKSONVILLE, FL 32255
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DO NOT WRITE IN THIS SPACE



05062007No Chg-LLC

CR2E083 (11/05)

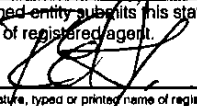
4. FEI Number 04-3821051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMPTON, ROD
3854 CRICKET COVE RD EAST
JACKSONVILLE, FL 32224**

**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  DATE 5/1/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

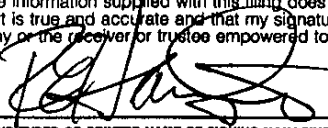
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMPTON, RODNEY 13090 WEXFORD HOLLOW ROAD NORTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMPTON, ANGELA 13090 WEXFORD HOLLOW ROAD NORTH JACKSONVILLE, FL 32224
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05/30/07-80006-003 55.00

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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:  5/1/07 904-685-5073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #