

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 047 ***138.75

DOCUMENT # L05000068436					
1. Entity Name BME GROUP, LLC					
Principal Place of Business 13090 WEXFORD HOLLOW ROAD NORTH JACKSONVILLE, FL 32224			Mailing Address PO BOX 551340 JACKSONVILLE, FL 32255		
50008604					
2. Principal Place of Business - No P.O. Box # 12899 QUAILBROOK DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State		4. FEI Number 04-3821051	
Zip 32224		Country USA		5. Certificate of Status Desired <input 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				7. Name and Address of New Registered Agent Name: HAMPTON, ROD Street Address (P.O. Box Number is Not Acceptable): 12899 QUAILBROOK DR City: JACKSONVILLE FL Zip Code: 32224	
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 _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGR NAME HAMPTON, RODNEY STREET ADDRESS 13090 WEXFORD HOLLOW ROAD NORTH CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 12899 QUAILBROOK DR CITY-ST-ZIP JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR NAME HAMPTON, ANGELA STREET ADDRESS 13090 WEXFORD HOLLOW ROAD NORTH CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 12899 QUAILBROOK DR CITY-ST-ZIP JACKSONVILLE FL 32224	<input checked="" 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		
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		
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		
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		
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:		7.18.08		916.601.8591	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	