



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90238 001 ***250.00

DOCUMENT # L05000075970 1. Entity Name BG HARBOR DRIVE HOLDINGS, LLC					
Principal Place of Business 99 NESBIT STREET PUNTA GORDA, FL 33950			Mailing Address ONE BOSTON SCIENTIFIC PLACE NATICK, MA 01760		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>C/O The Ballard Group</i> <i>One Joy Street</i> City & State <i>Boston MA</i> Zip Country <i>02108</i>		<div style="font-size: 24pt; font-weight: bold;">30007568</div> 	
4. FEI Number Chg-LLC CR2E083 (11/05)		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HACKETT, JACK O II 99 NESBIT STREET PUNTA GORDA, FL 33950			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>MGR</i> <i>TARA FESTAS, ANASTASIOS</i> <i>C/O THE BALLARD GROUP, ONE JOY ST.</i> <i>BOSTON, MA 02108</i>	
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: <i>Tara Festas</i>			Date <i>May 1, 2006</i> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					