2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

07-31-2006 90145 037 ****50.00

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1. Entity Name
BNV, LLC

3UU14UUG

07282006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
~~2466 NASH STREET~~	~~2466 NASH STREET~~
~~CLEARWATER, FL 33765 US~~	~~CLEARWATER, FL 33765 US~~

2. Principal Place of Business: 4410 NW CR 326	3. Mailing Address: 2138 SW 9th RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State: OCALA FL
Zip: 34482 Country: Marion	Zip: 34474 Country: Marion

4. FEI Number: 20-3273099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKAR, SUKHWINDER S	Name
~~2466 NASH STREET~~	Street Address (P.O. Box Number is Not Acceptable): 2138 SW 9th RD
~~CLEARWATER, FL 33765~~	City: OCAL FL Zip Code: 34474

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 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	MGR SKAR, SUKHWINDER S ~~2466 NASH STREET~~ ~~CLEARWATER, FL 33765~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2138 SW 9th RD OCALA FL 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SKAR, ULLA R ~~2466 NASH STREET~~ ~~CLEARWATER, FL 33765~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2138 SW 9th RD OCALA FL 34474	☒ Change ☐ 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: Sukhwinder Singh Skar 7/28/06 3525023218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #