

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088115

Entity Name: BG PARTNERS, LLC

FILED  
Jul 30, 2008  
Secretary of State

**Current Principal Place of Business:**

7684 LAKE OLA DRIVE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 458  
TANGERINE, FL 32777

**New Mailing Address:**

FEI Number: 20-4643020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POPE, NICHOLAS A  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BG PARTNERS LLC,  
Address: 7684 LAKE OLA DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LASBURY, CHASE R  
Address: 7684 LAKE OLA DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM ( ) Change (X) Addition  
Name: CHASE, SYDNEY O III  
Address: 7684 LAKE OLA DRIVE  
City-St-Zip: MT. DORA, FL 32757 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. CHASE LASBURY

MGRM

07/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date