


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90190 041 \*\*\*\*50.00

DOCUMENT # L05000091761		
1. Entity Name BG PROPERTIES OF FLORIDA, LLC		

Principal Place of Business 140 S. ATLANTIC AVENUE, SUITE 203 ORMOND BEACH, FL 32176	Mailing Address 140 S. ATLANTIC AVENUE, SUITE 203 ORMOND BEACH, FL 32176
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2. Principal Place of Business - No P.O. Box # 570 MEMORIAL CIRCLE Suite, Apt. #, etc. SUITE 300 City & State ORMOND BEACH, FL Zip 32174 Country USA	3. Mailing Address 570 MEMORIAL CIRCLE Suite, Apt. #, etc. SUITE 300 City & State ORMOND BEACH, FL Zip 32174 Country USA
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01282007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-3719028

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

6. Name and Address of Current Registered Agent GALLOWAY, G.G. 140 S. ATLANTIC AVENUE, SUITE 203 ORMOND BEACH, FL 32176	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 570 MEMORIAL CIRCLE SUITE 300 City ORMOND BEACH FL Zip Code 32174	
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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 G.G. Galloway 1/29/07  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOWAY, CINDY 1305 OAK FOREST DRIVE ORMOND BEACH, FL 32174 <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	MGR BURT, JILL 117 MAPLE AVENUE ISLAND HEIGHTS, NJ 07832 <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
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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: Cindy Galloway CINDY GALLOWAY 1/29/07 386/672-8530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #