2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000108845

1. Entity Name BDMSI, LLC



Principal Place of Business

3201 SPARKLING DRIVE SEBRING, FL 33870 US Mailing Address

3201 SPARKLING DRIVE SEBRING, FL 33870 US

FILED Jan 10, 2008 08:00 Al Secretary of State



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3795301

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA

MCBROOM, BARRY D 3201 SPARKLING DRIVE SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

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		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 01/11/08-80016-015 138		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCBROOM, BARRY D 3201 SPARKLING DRIVE SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second secon

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.