## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L05000117136**

1. Entity Name

**BSG EARTHWORKS CAPITAL PARTNERS LLC** 



**FILED** Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

303 9TH STREET WEST

SUITE 201

BRADENTON, FL 34205



303 9TH STREET WEST

SUITE 201

BRADENTON, FL 34205



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3900274 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMERS, STEVE E 303 9TH STREET WEST SUITE 201 BRADENTON, FL 34205

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8. The above named entity submits this statement for the purpose of chathe obligations of registered agent.	nging its registered office or registered agent, or both, in the	ne State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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l	9.	MANAGING MEMBERS/MANAGERS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMMERS, STEVE E 303 9TH STREET WEST, SUITE 201 BADENTON, FL 34205
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAVELY, JEFFREY D 303 9TH STREET WEST, SUITE 201 BRADENTON, FL 34205
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS	

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11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #