2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 22, 2007 8:00 am
Secretary of State
03-14-2007 90212 025 ****50.00

DOCUMENT # L06000018450

1. Entity Name
B.M.C. LLC

Principal Place of Business	Mailing Address
33 BLUE WAVE DR. SANTA ROSA BEACH FL 32459	P.O. BOX 1243 SANTA ROSA BEACH FL 32459

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
583 RIDGE RD.	PO BOX 1243
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANTA ROSA BEACH FL.	City & State: SANTA ROSA BEACH FL.
Zip: 32459 Country: USA	Zip: 32459 Country: USA

4. FEI Number 204431344 ☐ 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
~~MEYER, BRENT A~~ 33 BLUE WAVE DRIVE SANTA ROSA BEACH FL 32459 CHANGE	Name: BRENT MEYER Street Address (P.O. Box Number is Not Acceptable): 583 RIDGE RD. City: SANTA ROSA BEACH FL Zip Code

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: Brent A. Mey June 7, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR MEYER, BRENT A 33 BLUE WAVE DRIVE SANTA ROSA BEACH FL 32459 CHANGE	☒ Delete	MGR BRENT MEYER 583 RIDGE RD. SANTAROSA BEACH FL 32459	☐ Change ☒ Addition
		☐ Delete	500104336915 06/13/07--01056--001 **65.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brent A. Mey June 7, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #