

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023847

1. Entity Name  
B & G INVESTMENTS LLC



FILED

07 JUL 23 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3028 ELMWOOD RD  
TALLAHASSEE, FL 32317

Mailing Address  
P.O. BOX 607  
HAHIRA, GA 31632

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4420382 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

MIDDLETON, GARY  
3028 ELMWOOD RD  
TALLAHASSEE, FL 32317

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BRIGMAN, JIMMY  
STREET ADDRESS P.O. BOX 607  
CITY-ST-ZIP HAHIRA, GA 31632

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/24/07--01061-010 \*\*50.00

TITLE MGRM  
NAME MIDDLETON, GARY  
STREET ADDRESS 3028 ELMWOOD RD  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE  
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CITY-ST-ZIP

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

7/23/07  
Date

Daytime Phone #