

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063838

Entity Name: 2BG HOLDINGS, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

106 HANCOCK BRIDGE PARKWAY, SUITE D 15 #53
5
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

106 HANCOCK BRIDGE PARKWAY, SUITE D 15 #53
5
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOOSE CHANGE OSCORP., LLC
Address: 13250 RIDGE ROAD, UNIT 5B3
City-St-Zip: LARGO, FL 33778

Title: MGRM () Delete
Name: MIMSEY PROPERTY I, L, LC
Address: 106 HANCOCK BRIDGE PARKWAY,STE D 15 #535
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM () Delete
Name: REIGUY.COM, LLC,
Address: 1009 LUCERNE PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIMSEY LLC I

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date