2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000063845

Entity Name: 2BG, LLC

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, SUITE 5B3	
City-St-Zip:	LARGO, FL 33778	
Title:	MGRM	( ) Delete
Name:	MIMSEY PROPERTY I, L, LC	
Address:	106 HANCOCK BRIDGE PARKWAY, STE D15 #535	
City-St-Zip:	CAPE CORAL, FL 33991	
Title:	MGRM	( ) Delete
Name:	REIGUY.COM, LLC,	
Address:	10009 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.1 MGR 04/30/2007

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