2008 LIMITED LIABILITY COMPANY ANNUAL RESORT

DOCUMENT # L06000075616

1. Entity Name BMY PROPERTIES, LLC

Principal Place of Business

Mailing Address

4431 LAFAYETTE STREET MARIANNA, FL 32446 US 4431 LAFAYETTE STREET MARIANNA, FL 32446 US

FILED Feb 25, 2008 08:00 AN Secretary of State



02132008 No Chq-LLC

CR2E083 (12/07)

AMERICAN APPROXIMATION OF THE PROPERTY.

4. FEI Number 20-5332515

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Transfer of transfer and a second

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6. Name and Address of Current Registered Agent

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BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA, FL 32446

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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BAKER, FRANK A
STREET ADDRESS	4431 LAFAYETTE STREET
C(TY-ST-Z)P	MARIANNA, FL 32446
TITLE	MGRM
NAME	MERCER, DOUGLAS W
STREET ADDRESS	4431 LAFAYETTE STREET
CITY-ST-ZIP	MARIANNA, FL 32446
TUTLE	MGRM
NAME	YOUNG, BRANDON J
STREET ADDRESS	4431 LAFAYETTE STREET
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY+ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11 Lherahy	certify that the information supplied with this filing does not qualify for the ex

H00000835564

DO NOT WRITE IN THIS SPACE

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