


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L06000075616**

1. Entity Name  
**BMV PROPERTIES, LLC**



Principal Place of Business <b>4431 LAFAYETTE STREET          MARIANNA, FL 32446 US</b>	Mailing Address <b>4431 LAFAYETTE STREET          MARIANNA, FL 32446 US</b>
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-5332515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, FRANK A  
 4431 LAFAYETTE STREET  
 MARIANNA, FL 32446**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCER, DOUGLAS W 4431 LAFAYETTE STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, BRANDON J 4431 LAFAYETTE STREET MARIANNA, FL 32446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/29/08-80035-018 138.75

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: *Frank A Baker* Date: 2/13/08 Daytime Phone #: 850 526-3633

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