


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90146 041 \*\*\*\*50.00

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <b>DOCUMENT # L06000110334</b><br>1. Entity Name<br><b>BMW NORTH CAROLINA, LLC</b>   |  |  |  |   |   |
| Principal Place of Business<br><b>8045 COUNTY ROAD 214<br/>SAINT AUGUSTINE, FL 32092</b>   |  |  | Mailing Address<br><b>8045 COUNTY ROAD 214<br/>SAINT AUGUSTINE, FL 32092</b>   |  |   |
| 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  | 4. FEI Number <span style="float: right;"> <input checked="" type="checkbox"/> Applied For<br/> <input checked="" type="checkbox"/> Not Applicable         </span> |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |  |  | 02142007 Chg-LLC CR2E083 (12/  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>WILSON, CHRISTINE<br/>8045 COUNTY ROAD 214<br/>SAINT AUGUSTINE, FL 32084</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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.<br>SIGNATURE <u><i>Christine Wilson</i></u> DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WILSON, CHRISTINE<br>8045 COUNTY ROAD 214<br>SAINT AUGUSTINE, FL 32092 | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MARKS, ANNIE<br>5431 A1A SOUTH, STE. 102<br>ST. AUGUSTINE, FL 32080    | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WILSON, TOMMY<br>8045 COUNTY ROAD 214<br>SAINT AUGUSTINE, FL 32082     | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BRUTNELL, MARK<br>5431 A1A SOUTH, STE. 102<br>ST. AUGUSTINE, FL 32080  | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WILSON, TOMMY<br>8045 COUNTY ROAD 214<br>SAINT AUGUSTINE, FL 32082     | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BRUTNELL, MARK<br>5431 A1A SOUTH, STE. 102<br>ST. AUGUSTINE, FL 32080  | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Christine Wilson</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  |  | Date <u>2/20/07</u> 904-669-0619<br><small>Daytime Phone #</small>   |   |