2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007
Secretary of State

DOCUMENT# L06000117515

Entity Name: B&M PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

1055 GROVE PARK CIRCLE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

1055 GROVE PARK CIRCLE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOUIDORT, BERRY
1055 GROVE PARK CIRCLE
BOYNTON BEACH, FL 33436 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:	MGR	( ) Delete
Name:	LOUIDORT, BERRY	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	MGR	( ) Delete
Name:	D LOUIDORT, MAZELYNE	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	MGR	( ) Delete
Name:	LOUIDORT, MONDEZIR	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	MGR	( ) Delete
Name:	LOUIDORT, LUCIENNE,ESTHE	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33446	
Title:	MGR	( ) Delete
Name:	DIEJUSTE, JONEL	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	MGR	( ) Delete
Name:	DIEUJUSTE, MAZILA	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	1055 GROVE PARK CIRCLE, FL 33436	

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:	
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: LOUIDORT,BERRY MGR 05/29/2007

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