2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

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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 ( )**

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:	P	(X) Change ( ) Addition
Name:	LOUIDORT, BERRY	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	SRVP	(X) Change ( ) Addition
Name:	D LOUIDORT, MAZELYNE	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	VP	(X) Change ( ) Addition
Name:	LOUIDORT, MONDEZIR	
Address:	1055 GROVE PARK CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
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: BERRY LOUIDORT P 01/22/2008

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