2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT #1 07000059648				01-11-2008 90078 019 ***138.75				
DOCUMENT # L0700058648 1. Entity Name THE BGH AGENCY, LLC								
Principal Place	e of Business	Mailing Address			~~~~	9 J Ø		
-	BAYSHORE DRIVE	2601 SOUTH BAYSHORI	F DRIVE	(
SUITE 1450	DATSHOKE DRIVE	SUITE 1450	LDIMYL					
MIAMI, FL 3:	3133 US	MIAMI, FL 33133 U	S					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0104200	8 Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Nu.	nber 0333 7	36 N	pplied For ot Applicable	
Zip	Country	Zip	Country	1	ate of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Current R	egistered Agent		7. Name a	and Address of New R	legistered Agent		
CORPORATION SERVICE COMPANY				esen	HABIB			
1201 HAYS	S STREET SSEE, FL 32301		260	ress (P.O. Box Nu	BAS VAS	bre dr	> _	
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	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office or re		both, in the State of Flo	orida. I am familiar with,	, and accept	
SIGNATURE .	\mathcal{A}_{A}	Wash				114/08	ł	
						1 7 7 7 8	•	
	Signature, typed or printed name of registered agent ar	nd tyle if applicable. (NOTE:	Registered Agent signature r	required when reinstating)	OATE	<u> </u>	
FILE	Signature, typed or printed name of registered agent at NOW!!! FEE IS \$138.75 11, 2008 Fee will be \$538.75	d tyle il appicable. (NOTE:	Registered Agent signature r	required when reinstating	Mak			
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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: _	Ich	likh		
	IND TYPED OR PRINTED NAM	E OF SIGNING MANAGING ME	MBER, MANAGER, OR AUTHORIZED REP	RESENTATIVE

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