FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 FEB -7 PM 1:57 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** # 19600000743 1a. Principal Place of Business Address BGI, L.C. 1149 PERIWINKLE WAY 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2. Principal Place of Business 07/11/1996 FL Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number 65-0692994 City & State City & State 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 88 Zh. Z. Ishtorial Free Beginned 🔀 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent NAUMANN, JOHN J Street Address (P.O. Box Number is Not Acceptable) 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957 8000020**86**038-- -02/13/97**--**01005--019 Suite, Apt. #, etc. 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (NOTE: Registered Agent signature required when reinstating) (Registered Agent Accepting Appointment) City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers MILTON, JEFFREY J 7945 MACARTHUR BLVD. STE 2 CABIN JOHN MD MGR NAUMANN, JOHN J D 1149 PERIWINKLE WAY SANIBEL ISLAND FL 3395 7 D KAPFER, GREGORY M 7945 MACARTHUR BLVD. STE 2 CABIN JOHN MD

11. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 ilmitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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DEL

Applied For

Not Applicable

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