


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002749 1. Entity Name BM6, L.L.C.	
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Principal Place of Business 150 INDIAN BAYOU DR. DESTIN, FL 32541 US	Mailing Address P.O. BOX 2400 CULLMAN, AL 35056 US
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DO NOT WRITE IN THIS SPACE



03232005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3545390	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KNIGHT, MICHAEL 150 INDIAN BAYOU DRIVE DESTIN, FL 32541	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNIGHT, MICHAEL 150 INDIAN BAYOU DRIVE DESTIN, FL 32541
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Michael Knight - Michael Knight</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>3/24/05</u>	Daytime Phone # <u>256-734-1377</u>
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