

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90061 011 \*\*\*\*50.00

**DOCUMENT # L99000003522**

1. Entity Name  
**BAMA, L.C.**



Principal Place of Business  
**4532 US HWY 19 2ND FLOOR  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**4532 US HWY 19 2ND FLOOR  
NEW PORT RICHEY, FL 34652**



2. Principal Place of Business  
**7916 Evolutions Way**  
Suite, Apt. #, etc.  
**Su. 106**

3. Mailing Address  
**7916 Evolutions Way**  
Suite, Apt. #, etc.  
**Su. 106**

City & State  
**Trinity, FL**

City & State  
**Trinity, FL**

Zip Country  
**34655 USA**

Zip Country  
**34655 USA**

03312006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**59-3649485**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUMBLY, ALLEN S  
4532 US HWY 19, 2ND FLOOR  
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CRUMBLY, ALLEN S  
4532 U.S. HWY 19, 2ND FLOOR  
NEW PORT RICHEY, FL 34652** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MITCHELL, D. DEWEY  
4532 US HWY 19, 2ND FLOOR  
NEW PORT RICHEY, FL 34652** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7916 Evolutions Way, Suite 106  
Trinity, FL 34655** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7916 Evolutions Way, Suite 106  
Trinity, FL 34655** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/31/06**