


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # L99000003522 1. Entity Name BAMA, L.C.	
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Principal Place of Business 7916 EVOLUTIONS WAY STE 106 TRINITY, FL 34655	Mailing Address 7916 EVOLUTIONS WAY STE 106 TRINITY, FL 34655
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DO NOT WRITE IN THIS SPACE



02272007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3649485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRUMBLEY, ALLEN S 7916 EVOLUTIONS WAY STE 106 TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITCHELL, D. DEWEY 7916 EVOLUTIONS WAY STE 106 TRINITY, FL 34655
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03/13/07-80035-017.50.00

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:  **2/26/07** **727-509-2327**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #