

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90036 014 ***150.00

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DOCUMENT # L99000007897 1. Entity Name B.A.M. SERVICES, L.L.C.					
Principal Place of Business 3125 CR 557 A POLK CITY, FL 33868			Mailing Address 200 EL CAMINO DR. #414 WINTER HAVEN, FL 33884		
2. Principal Place of Business 137 Sandburg Lane Suite, Apt. #, etc.		3. Mailing Address 137 Sandburg Lane Suite, Apt. #, etc.		03302006 Chg-LLC CR2E083 (11/05)	
City & State Winter Haven FL Zip 33884 Country US		City & State Winter Haven FL Zip 33884 Country US		4. FEI Number 59-3632101	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCCLASKEY, MICHAEL 3125 CR 557 A POLK CITY, FL 33868			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 137 Sandburg Lane City Winter Haven FL Zip 33884		
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 DATE 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLASKEY, MICHAEL A 137 SANDBURG LANE WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date 4/28/06 Daytime Phone #		