

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000000282

1. Entity Name  
BGK ORLANDO DESIGN TECH LLC



Principal Place of Business  
330 GARFIELD STREET  
SANTA FE, NM 87501

Mailing Address  
330 GARFIELD STREET  
SANTA FE, NM 87501



04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

GREENE, ROBERT F ESQ.  
1301 SIXTH AVE. W  
SUITE 400  
BRADENTON, FL 34205

**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, 2004**

U000000152579  
05/04/04-80093-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GILBERT, EDWARD M 330 GARFIELD STREET SANTA FE, NM 87501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOLBER, FRED 330 GARFIELD STREET SANTA FE, NM 87501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, M. THOMAS 330 GARFIELD STREET SANTA FE, NM 87501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

*Edward Gilbert*

*4/26/04*

*(505) 992-5100*

Date

Daytime Phone #