


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90018 034 \*\*\*\*50.00

<b>DOCUMENT # M03000003584</b> 1. Entity Name <b>BMT CAPITAL, LLC</b>			
Principal Place of Business <b>8 GEORGETOWN AVE STE A ROSEMARY BEACH, FL 32461</b>		Mailing Address <b>PO BOX 611575 ROSEMARY BEACH, FL 32461</b>	
2. <b>82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461</b>		3. <b>PO Box 611296 Rosemary Beach, FL 32461</b>	
4. FEI Number <b>01-0739163</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>ZEITLIN, BRAD 8 GEORGETOWN AVE, STE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461</b>		<b>7. Name and Address of New Registered Agent</b> Name _____ Street / _____ City _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ZEITLIN, BRAD 8 GEORGETOWN AVE STE A ROSEMARY BEACH, FL 32461</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>82 South Barrett Square, Suite 2A Rosemary Beach, FL 32461</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3/30/06</b>	Daytime Phone # <b>850.231.0850</b>