

**2606 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

**FILED
Apr 21, 2006 08:00 AM
Secretary of State**

DOCUMENT # M05000005649
1. Entity Name
BAM VENTURES, LLC



Principal Place of Business Mailing Address
**455 SOUTH LEGACY TRAIL, UNIT E-106
C/O MBC- ST. AUGUSTINE LLC
ST. AUGUSTINE FL 32092** **455 SOUTH LEGACY TRAIL, UNIT E-106
C/O MBC- ST. AUGUSTINE LLC
ST. AUGUSTINE FL 32092**



2. Principal Place of Business 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E083 (10/05)
4. FEI Number Applied For
20-3497799 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 time if applicable. (NOTE: Registered Agent signature required when terminating) DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM HASKELL, MACDONALD T 455 SOUTH LEGACY TRAIL, UNIT E-106 ST. AUGUSTINE FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM MURRAY, ANDREW T 455 SOUTH LEGACY TRAIL, UNIT E-106 ST. AUGUSTINE FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000526070 05/04/06-80058-022-50.00
<input type="checkbox"/> Delete	MGRM BROWN, ROBERT W 455 SOUTH LEGACY TRAIL, UNIT E-106 ST. AUGUSTINE FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 Section 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: *Robert W. Brown*