


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000005649	
1. Entity Name BAM VENTURES, LLC	

Principal Place of Business 455 SOUTH LEGACY TRAIL, UNIT E-106 C/O MBC- ST. AUGUSTINE LLC ST. AUGUSTINE, FL 32092	Mailing Address 455 SOUTH LEGACY TRAIL, UNIT E-106 C/O MBC- ST. AUGUSTINE LLC ST. AUGUSTINE, FL 32092
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03152007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3497799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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: \_\_\_\_\_ (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 HASKELL, MACDONALD T 455 SOUTH LEGACY TRAIL, UNIT E-106 ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, ANDREW T 455 SOUTH LEGACY TRAIL, UNIT E-106 ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, ROBERT W 455 SOUTH LEGACY TRAIL, UNIT E-106 ST. AUGUSTINE, FL 32092
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U00000709507  
 04/25/07-80005-022 50.00

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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.

SIGNATURE: *Robert N. Brown* Robert N. Brown 4/9/07 818-822-2723

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