2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 FILED Apr 16, 2007 08:00 All Secretary of State



03152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3497799	·· <u>-</u>	Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS

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

CITY-S1-ZIP

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the purpose of chan- tions of registered agent.	nging its registere	d office or registered agent, or both, in the Sta	ate of Florida I am familiar with, and accept	l
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable	(NOTE Registered	Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2007				-
9.	MANAGING MEMBERS/MANAGERS				_
TITLE	MGRM				
NAME	HASKELL, MACDONALD T		and the state of t	· 1	
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TITLE	MGRM			•	
NAME	MURRAY, ANDREW T			•	
STREET ADDRESS	455 SOUTH LEGACY TRAIL, UNIT E-106				
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092				
TITLE	MGRM				
NAME	BROWN, ROBERT W				
STREET ADDRESS	455 SOUTH LEGACY TRAIL, UNIT E-106		DO NOT	E MAZESTEE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092		DO NO	T WRITE	
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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: Kolect S. Prow Robert W. Brown
SIGNATURE AND WHED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

7/6/07 8/8-222-2724