

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAY 19 PM 2:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #M95000000300**

B.M.L., LLC  
215 WEST NEW ROAD  
SUITE 200  
GREENFIELD IN 46140

1a. Principal Place of Business Address

215 WEST NEW ROAD  
SUITE 200  
GREENFIELD IN 46140

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/09/1995	IN
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		35-1961510	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				02/26/1996	SN 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

EBRIGHT, PAUL  
101 ORANGE-CO. CIRCLE N.E.  
WINTER HAVEN FL 33881

8. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc. 300002186573--5  
-05/21/97--01058--015  
City FL Zip Code \*\*\*\*203.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GREENWALT, R. LYNN	215 W. NEW ROAD, STE. 200	GREENFIELD IN
MGRM	GREENWALT, R. MAX	215 W. NEW ROAD, STE. 200	GREENFIELD IN
MGRM	WHISENANT, BLAKE	19725 STATE ROAD 62	PARRISH FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** R. Lynn Greenwalt R. Lynn Greenwalt 5/15/97 (317) 462-8048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #