

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000251

1. Entity Name
BGK VENTURES LLC



Principal Place of Business
330 GARFIELD STREET, SUITE 200
SANTA FE, NM 87501

Mailing Address
330 GARFIELD STREET, SUITE 200
SANTA FE, NM 87501



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-0444234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT ESQ.
C/O GREENE, DONNELLY & SCHERMER
1301 6TH AVENUE WEST, SUITE 505
BRADENTON, FL 34205

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000152630
05/04/04-80093-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GILBERT, EDWARD
STREET ADDRESS 330 GARFIELD STREET, SUITE 200
CITY-ST-ZIP SANTA FE, NM 87501

TITLE MGR
NAME KOLBER, FRED
STREET ADDRESS 330 GARFIELD STREET, SUITE 200
CITY-ST-ZIP SANTA FE, NM 87501

TITLE MGR
NAME WARSHAWSKI, JAMES
STREET ADDRESS 330 GARFIELD STREET, SUITE 200
CITY-ST-ZIP SANTA FE, NM 87501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

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

Edward Gilbert

4/26/04

Date

(505) 992-5100

Daytime Phone #