

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000251

Entity Name: BGK VENTURES LLC

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

330 GARFIELD STREET, SUITE 200
SANTA FE, NM 87501

New Principal Place of Business:

Current Mailing Address:

330 GARFIELD STREET, SUITE 200
SANTA FE, NM 87501

New Mailing Address:

FEI Number: 85-0444234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GILBERT, EDWARD
Address: 330 GARFIELD STREET, SUITE 200
City-St-Zip: SANTA FE, NM 87501

Title: MGR () Delete
Name: KOLBER, FRED
Address: 330 GARFIELD STREET, SUITE 200
City-St-Zip: SANTA FE, NM 87501

Title: MGR () Delete
Name: WARSHAWSKI, JAMES
Address: 330 GARFIELD STREET, SUITE 200
City-St-Zip: SANTA FE, NM 87501

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDDIE M GILBERT

MGR

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date