2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M9900000214

Entity Name
 BGKV BAYSHORE LLC

Principal Place of Business

Mailing Address

330 GARFIELD STREET SANTA FE, NM 87501 330 GARFIELD STREET SANTA FE, NM 87501

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



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE 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 300 BRADENTON, FL 34205

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8. The above named entity submits this statement for the purp	oose of cha	anging its registered	office o	r registere:	d agent	, or bo	th, in	the State of Flor	ida. Ian	n 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

	-	Section 2 and 2 an					
9.	9. MÄÑAĠINĠ MĒMBĒRS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARSHAWSKI, JAMES 330 GARFIELD STREET SANTA FE, NM 87501						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR GILBERT, EDWARD M 330 GARFIELD STREET SANTA FE, NM 87501						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOLBER, FRED 330 GARFIELD STREET SANTA FE, NM 87501						
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CUTY-STATIP							

U00000153898 05/04/04-80146-012 50.00

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11. I hereby certify that the information subplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 path; 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 TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/04

(505) 992 5100

Daytime Phone #