

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # M99000001232

1. Entity Name

BGK CLEARWATER TOWER LLC



Principal Place of Business

330 GARFIELD STREET  
SANTA FE, NM 87501

Mailing Address

330 GARFIELD STREET  
SANTA FE, NM 87501



04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 T ESQ.  
1301 6TH AVE., WEST, SUITE 400  
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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GILBERT, EDWARD M
STREET ADDRESS	330 GARFIELD STREET
CITY-ST-ZIP	SANTA FE, NM 87501
TITLE	MGR
NAME	KOLBER, FRED
STREET ADDRESS	330 GARFIELD STREET
CITY-ST-ZIP	SANTA FE, NM 87501
TITLE	MGR
NAME	WILSON, M. THOMAS
STREET ADDRESS	330 GARFIELD STREET
CITY-ST-ZIP	SANTA FE, NM 87501
TITLE	MGR
NAME	GERWIN, PAUL S
STREET ADDRESS	330 GARFIELD STREET
CITY-ST-ZIP	SANTA FE, NM 87501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000153887  
05/04/04-80146-011 50.00

**DO NOT WRITE  
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)(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 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*

Date

*4/26/04*

Daytime Phone #

*(505) 992-5100*