
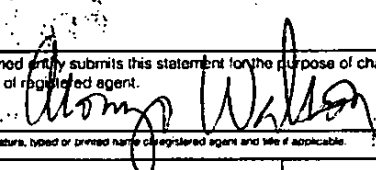
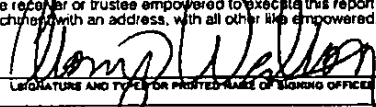


FILED
Jun 12, 2008 8:00 am
Secretary of State

05-08-2008 90011 018 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000088826			
1. Entity Name BMLR, INC.			
Principal Place of Business 4000-B ST JOHNS AVE, SUITE 22 JACKSONVILLE, FL 32205		Mailing Address 4000-B ST JOHNS AVE, SUITE 22 JACKSONVILLE, FL 32205	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 47-0919609		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BOLING, JOHNNIE 1000 RIVERSIDE AVE, SUITE 555 JACKSONVILLE, FL 32204			
7. Name and Address of New Registered Agent			
Name: Alonzo D.S. Walton			
Street Address (P.O. Box Number is Not Acceptable): 4000-B St. Johns Ave.			
Suite 22			
City: Jacksonville FL Zip Code: 32205			
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:  DATE: 6.6.08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	WALTON, WILLIAM H JR		
STREET ADDRESS	4000-B ST JOHNS AVE, SUITE 22		
CITY - ST - ZIP	JACKSONVILLE, FL 32205		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WALTON, ELIZABETH S		
STREET ADDRESS	4000-B ST JOHNS AVE, SUITE 22		
CITY - ST - ZIP	JACKSONVILLE, FL 32205		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WALTON, ALONZO D.S.		
STREET ADDRESS	4000-B ST JOHNS AVE, SUITE 22		
CITY - ST - ZIP	JACKSONVILLE, FL 32205		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DATE: _____ Daytime Phone: _____			

ATTACHMENT

1060/4129
PD1000088826

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BM LR, Inc.
2. The principal office address: 4000-B St. Johns Ave, Suite 22
JACKSONVILLE, FL. 32205
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/10/2001 Document number: PD1000088826

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John L. Boling
1000 Riverside Ave. Suite 555
JACKSONVILLE, FL. 32204

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alonzo D.S. Walton
4000 B. St. Johns Ave. Suite 22
(P.O. Box NOT acceptable)
JACKSONVILLE, FL. 32205

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Alonzo D.S. Walton
(Signature of an officer or director)

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Alonzo D.S. Walton
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)