


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # A03000001599</b>                     |  |  |
| 1. Entity Name<br><b>BMS INVESTORS GROUP, LTD.</b> |  |   |

FILED  
4 04 MAY -7 PM 3:34

|   |   |
|---|---|
| Principal Place of Business<br><b>1501 COLLINS AVE., THIRD FLOOR<br/>MIAMI BEACH FL 33139</b> | Mailing Address<br><b>1501 COLLINS AVE., THIRD FLOOR<br/>MIAMI BEACH FL 33139</b> |
|---|---|

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-0386228</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><br><b>JOHN C. SUMBERG, P.A.<br/>200 S. BISCAYNE BLVD., STE. 2500<br/>MIAMI FL 33131</b> |  | 7. Name and Address of New Registered Agent        |          |
|   |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | Zip Code |

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.

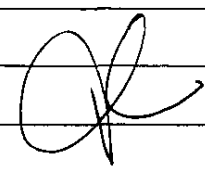
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |  |
|---|---|--|
| 9. Capital Contributions as Shown on record. <b>\$13,751,666.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | <b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br/>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|---|---|--|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION                         |   | 13. ADDRESS CHANGES ONLY |                                      |
|---|---|--------------------------|--------------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>L03000041544<br/>BMSIG GP, LLC<br/>1501 COLLINS AVE., THIRD FLOOR<br/>MIAMI BEACH FL 33139</b> | STREET ADDRESS           |                                      |
|   |   | CITY - ST - ZIP          |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <b>300037572233</b>                  |
|   |   | CITY - ST - ZIP          | <b>06/02/04--01029--017 **526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |                                      |
|   |   | CITY - ST - ZIP          |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |                                      |
|   |   | CITY - ST - ZIP          |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |                                      |
|   |   | CITY - ST - ZIP          |                                      |

STAPLE CHECK HERE



14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** JEAN MARC MEUNIER *4/20/04* **305-538-0133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #