


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 19 AM 9:12

DOCUMENT # A03000001599 1. Entity Name BMS INVESTORS GROUP, LTD.	
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Principal Place of Business 1501 COLLINS AVE., THIRD FLOOR MIAMI BEACH, FL 33139	Mailing Address 1501 COLLINS AVE., THIRD FLOOR MIAMI BEACH, FL 33139
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2. Principal Place of Business <i>701 Brickell Ave</i> Suite, Apt. #, etc. <i>1460</i> City & State <i>Miami, FL</i>	3. Mailing Address <i>701 Brickell Ave</i> Suite, Apt. #, etc. <i>1460</i> City & State <i>Miami, FL</i>
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04052005	Chg-LP	CR2E003 (10/03)	
4. FEI Number 20-0386228		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHN C. SUMBERG, P.A. 200 S. BISCAYNE BLVD., STE. 2500 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$13,751,666.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	L03000041544	STREET ADDRESS	
NAME	BMSIG GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	1501 COLLINS AVE., THIRD FLOOR		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: _____ Date: 3/31/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER