

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED

06 MAY -1 PM 1:46

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A03000001599

1. Entity Name
BMS INVESTORS GROUP, LTD.



Principal Place of Business 701 BRICKELL AVE SUITE 1460 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVE SUITE 1460 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02032006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-0386228	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

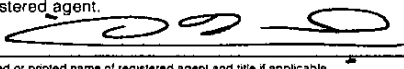
6. Name and Address of Current Registered Agent

JOHN C. SUMBERG, P.A.
 200 S. BISCAYNE BLVD., STE. 2500
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **JACQUES BARBERA**
 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue Suite 1460
 City **Miami** FL 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  **Jacques Barbera** DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000041544 BMSIG GP, LLC 1501 COLLINS AVE., THIRD FLOOR MIAMI BEACH, FL 33139	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

9. 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 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:  **Jacques Barbera** Date **305.538.0135** Daytime Phone #