


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 FEB -2 AM 10:50

**DOCUMENT # A03000001599**

1. Entity Name  
**BMS INVESTORS GROUP, LTD.**



Principal Place of Business <b>701 BRICKELL AVE          SUITE 1460          MIAMI, FL 33131</b>	Mailing Address <b>701 BRICKELL AVE          SUITE 1460          MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box #	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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01272007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-0386228</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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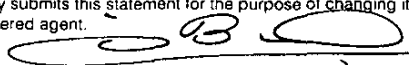
**6. Name and Address of Current Registered Agent**

**BARBERA, JAQUES**  
**701 BRICKWELL AVENUE, SUITE 1460**  
**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 **33131**

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 **1-30-07**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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**

DOCUMENT #	<b>L03000041544</b>
NAME	<b>BMSIG GP, LLC</b>
STREET ADDRESS	<b>1501 COLLINS AVE., THIRD FLOOR</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>701 Brickell Avenue, Suite 1460</b>
CITY-ST-ZIP	<b>Miami, Fl. 33131</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100087873421</b>
CITY-ST-ZIP	<b>02/09/07--01045--022 **500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 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:  DATE **1-30-07** DAYTIME PHONE # **(305) 538-0135**