

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 021 ****50.00

DOCUMENT # L01000020781

1. Entity Name

BMS KENDALE LAKES, L.L.C.

DO NOT WRITE IN THIS SPACE

951578

2. Principal Place of Business

5901 SW 74 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#205

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1158128

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

VICTOR BROWN

Street Address (P.O. Box Number is Not Acceptable)

5901 SW 74 STREET

ste 205

City

South Miami

FL

Zip Code

33143

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: PRES/ member
NAME: VICTOR BROWN
STREET ADDRESS: 5901 SW 74 ST # 205
CITY-ST-ZIP: South Miami, FL 33143

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: VPT member
NAME: DAVID BROWN
STREET ADDRESS: 5901 SW 74 ST # 205
CITY-ST-ZIP: South Miami, FL 33143

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: ~~Sec~~ Treas/ member
NAME: STEVEN BROWN
STREET ADDRESS: 5901 SW 74 ST # 205
CITY-ST-ZIP: South Miami, FL 33143

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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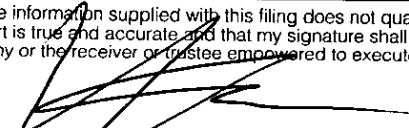
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



VICTOR BROWN

4/24/02

(305) 665-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)