

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020781

FILED
Mar 09, 2004
Secretary of State

Entity Name: BMS KENDALE LAKES, L.L.C.

Current Principal Place of Business:

5901 SW 74 STREET
SUITE 205
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

5901 SW 74 STREET
SUITE 205
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-1158128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, VICTOR
5901 SW 74 STREET
SUITE 205
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BROWN, VICTOR
Address: 5901 S.W. 74TH STREET, SUITE 205
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: BROWN, DAVID
Address: 5901 S.W. 74TH STREET, SUITE 205
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: BROWN, STEVEN
Address: 5901 S.W. 74TH STREET, SUITE 205
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

VP

03/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date