


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90320 020 \*\*\*\*50.00

<b>DOCUMENT # L03000041544</b>	
1. Entity Name BMSIG GP, LLC	

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>	3. Mailing Address <i>701 Brickell Ave</i>
Suite, Apt. #, etc. <i>1460</i>	Suite, Apt. #, etc. <i>1460</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33131</i>	Country

04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0386228	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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	

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.

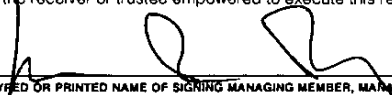
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSTRUCTA, INC. <input type="checkbox"/> Delete 1501 COLLINS AVE., THIRD FLOOR MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERLUX ONE COMPANY <input type="checkbox"/> Delete 1501 COLLINS AVE., THIRD FLOOR MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BMSIG MANAGER, INC. <input type="checkbox"/> Delete 1501 COLLINS AVE., THIRD FLOOR MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/31/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #