

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041544

FILED
Feb 26, 2009
Secretary of State

Entity Name: BMSIG GP, LLC

Current Principal Place of Business:

701 BRICKELL AVE
1460
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE
1460
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0386228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACQUES, BARBARA
701 BRICKELL AVAENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

JACQUES, BARBERA
701 BRICKELL AVAENUE
MIAMI, FL 33131 US

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: JACQUES BARBERA 02/26/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONSTRUCTA, INC.,
Address: 1501 COLLINS AVE., THIRD FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: MERLUX ONE COMPANY,
Address: 1501 COLLINS AVE., THIRD FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: BMSIG MANAGER, INC.,
Address: 1501 COLLINS AVE., THIRD FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

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 exemption stated in Chapter 119, 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: JACQUES BARBERA MGR 02/26/2009

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