

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000001599

1. Entity Name
BMS INVESTORS GROUP, LTD.



Principal Place of Business
701 BRICKELL AVE
SUITE 1460
MIAMI, FL 33131

Mailing Address
701 BRICKELL AVE
SUITE 1460
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032006 Chg-LP CR2E003 (11/05)

4. FEI Number
20-0386228

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **JACQUES BARBERA**

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

701 Brickell Avenue Suite 1460

City **Miami**

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

100074695381
05/17/06--01003--020 **500.00

9. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Jacques Barbera

305.538.0135

STAPLE CHECK HERE