

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -2 AM 10:50

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
20-0386228

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBERA, JACQUES
 701 BRICKWELL AVENUE, SUITE 1460
 MIAMI, FL 33131**

Name **Jacques Barbera**
 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 1460
 City **Miami** FL Zip Code **33131**

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 DATE **1-30-07**

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, 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 **701 Brickell Avenue, Suite 1460**
 CITY-ST-ZIP **Miami, FL 33131**

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STREET ADDRESS
 CITY-ST-ZIP

14. 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 #

STAPLE CHECK HERE