## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 19, 2005 08:00 AM Secretary of State

DOCUMENT # L0000002771  1. Entity Name BIMA II, LLC		771		Secretary of State
Principal Place of Business 3033 N.E. 32ND AVENUE FORT LAUDERDALE, FL 33308		Mailing Address 3033 N.E. 32ND AVENUE FORT LAUDERDALE, FL 33308	· · · · · · · · · · · · · · · · · · ·	
DO NOT WRITE IN THIS SPA			Œ	03312005 No Chg-LLC CR2E083 (10/03)  4. FEI Number
WILE, JOH 3033 NE 3 FT LAUDE			<del>-</del>	DO NOT WRITE IN THIS SPACE
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. (NOTE: Registered Agent signature required when remstating)  DATE  Filling Foe is \$50.00  Due by May 1, 2005				
9.	MANAGING MEMBERS	MANAGERS ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILE, JOHN 3033 N.E. 32ND AVENUE FORT LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				000000316790 04/19/05-80087-008 100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u> .	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET AODRESS CITY-ST-ZIP				
11. I hereby c indicated limited liab	ertify that the information supplied with this on this report is true and accurate and tha oility company or the receiver or trustee er	s filing does not qualify for the exem t my signature shall have the same inpowered to execute this report as r	ption stated in Sec egal effect as if ma equired by Chapte	tion 119.07(3)(i). Florida Statutes. I further certify that the information de under cath; that I am a managing member or manager of the r 608, Florida Statutes.