LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000021192

DOCUMENT#

1. Entity Name

FILED May 03, 2002 8:00 am Secretary of State

05-03-2002 90022 047 ****50.00

BMS BIRD EAST, LLC	4		
DO NOT WRIT	E IN THIS SP	ACE	951644
2. Principal Place of Bysiness 5901 5W 74 5T.	3. Mailing Address		
Suite, Apt. #, etc. # 205	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
South Miami, H	City & State		4. FEI Number Applied For Not Applied For
33/43 Country U.S.A	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
DO NOT V	VRITE		7. Name and Address of Current Registered Agent
IN THIS SPACE		Street Address	(P.O. Box Number is Not Acceptable)
*		City South	miami FL Zip God /43
8. The above named entity submits this statement	for the purpose of changing its re	gistered office or register	red agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable.		DATE
	Make Check Paya	E IS \$50.00 ble to Department o E BY MAY 1	
9. MANAGING MEMB	ERS/MANAGERS	<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP SOUTH MISMI	~ #205 .F133143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP VP/ member DAUID BROWN 374 ST CITY-ST-ZIP SOUTH MIAMI, F	#205	TITLE NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STOUTH MICHAEL TPLAS / MCM Steven Blown 5701 SW 745 CITY-ST-ZIP SOUTH MIAMI	1 # 205 FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
IITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11 hereby certify that the info Asian and Asian		TITLE NAME STREET ADDRESS CITY-ST-ZIP	tion 119.07(3)(i), Florida Statutes. I further certify that the information

11. findcated on this report is trive and acclirate 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 recover or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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