2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSINI							
1. Entity Nan				FILED				
BMS BIRD EAST, LLC					03 APR 30 PM 3: 56			
Principal Plac	ce of Business	Mailing Address						
i901 S.W. 74TI	h street	5901 S.W. 74TH STREET			TALLAH	ARY OF	STATE	
#205 Miami FL 33143 US		SUITE 205 Miami Fl 33143 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKING	CHANGES	
City & State		City & State	City & State		nber 65-115813	1	_ 	plied For t Applicable
Zip	Country	Zip	Country	5. Certific	ate of Status Desired		5.00 Add ee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name a	nd Address of New F	Registered A	gent	
BROWN, VICTOR				d (BO B		->		
5901 #20	1 SW 74 STREET		Street Ad	dress (P.O. Box Nur	(P.O. Box Number is Not Acceptable)			
	JTH MIAMI FL 33143		1					
			0.1		<u> </u>		Zip Code)
the obligat	e named entity submits this statement fitions of registered agent. Signature, typed or printed name of registered agen		City s registered office or office o		both, in the State of Flo	FL orida. I am fa DATE	amiliar with,	and accept
the obligat	tions of registered agent.	FILE N Make Check Payab	s registered office or of the segistered Agent signatur OW!!! FEE IS \$5 Die to Florida Depi	e required when reinstating) 0.00 artment of State	both, in the State of Flo	orida. I am fa	amiliar with,	and accept
the obligat	tions of registered agent. Signature, typed or printed name of registered agen	t and title if applicable. (NOT FILE N Make Check Payab Du	s registered office or of the segistered Agent signatur OW!!! FEE IS \$5 Die to Florida Depi	e required when reinstating) 0.00 artment of State		orida. I am fa	amiliar with,	and accept
the obligat	tions of registered agent. Signature, typed or printed name of registered agen MANAGING MEMB	t and title if applicable. (NOT FILE N Make Check Payab Du	s registered office or of the segistered Agent signatur OW!!! FEE IS \$5 Die to Florida Depi	e required when reinstating) 0.00 artment of State	ooth, in the State of Flo	DATE	Amiliar with,	and accept
the obligated SIGNATURE	itions of registered agent. Signature, typed or printed name of registered agen MANAGING MEMB MGRP BROWN, VICTOR 5901 S.W. 74TH STREET, SUITI	FILE N Make Check Payab Du ERS/MANAGERS Delete	s registered office or of the segment of the segment signatur. OW!!! FEE IS \$5 ble to Florida Depire By May 1, 2003	e required when reinstating 0.00 artment of State		DATE CHANGES	☐ Change	
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indicated on this report is true and accurate ad 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

IGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03

(305) 405-8885