


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90283 049 \*\*\*\*50.00

DOCUMENT # L02000006286	
1. Entity Name BMS OMNI, LLC	

Principal Place of Business 5901 S.W. 74TH STREET SUITE 205 MIAMI, FL 33143	Mailing Address 5901 S.W. 74TH STREET SUITE 205 MIAMI, FL 33143
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20008103



02012005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3692879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BROWN, VICTOR 5901 S.W. 74TH STREET SUITE 205 MIAMI, FL 33143
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**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, VICTOR 5901 S.W. 74TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, DAVID 5901 S.W. 74TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, STEVEN 5901 S.W. 74TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:  2/4/05 (305) 6658885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #