

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED

04 JAN 16 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L02000007863

1. Entity Name  
BMS PARTNERS, LLC

Principal Place of Business  
4101 DAVIE ROAD EXTENSION  
DAVIE, FL 33024

Mailing Address  
4101 DAVIE ROAD EXTENSION  
DAVIE, FL 33024



01122004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0650833	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OSHEROFF, MARC A  
16400 N.W. 2ND AVE  
SUITE 203  
MIAMI, FL 33169

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OSHEROFF, MARC A
STREET ADDRESS	4101 DAVIE ROAD EXTENSION
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	MGRM
NAME	NEHME, SAM
STREET ADDRESS	4101 DAVIE ROAD EXTENSION
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	MGRM
NAME	KATZ, DALE S
STREET ADDRESS	4101 DAVIE ROAD EXTENSION
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800027107988  
01/16/04--01054--001 \*\*50.00

800027107988  
01/16/04--01054--002 \*\*5.00

**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: \_\_\_\_\_

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

1/13/2004

Date

Daytime Phone #