## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 14, 2005 8:00 am Secretary of State

1. Entity Name BAP CLEMATIS, LLC							04-14-20	005 90032 0	32 ****50	).00	
Principal Plac	e of Business	Mailing Address						÷			
2601 S. BAY MIAMI, FL 3	SHORE DR., STE. 1000 3134	2601 S. Bayshore Dr., Ste. 1000 Miami, FL 33134									
2. Principal P	Place of Business S. Bayshore, Dive	3. Mailing Address 2001 S. Bayshore Drive									
Suite, Apt.		Suite, Apt. #, etc.			- <del></del>	04112005	Chg-LLC	· CDSE	E083 (10/03)		
	e 1000	Suite 1000						, UNZE	<u> </u>		
City & Stat	ni, Florida	City & State Micmi, Florida				4. FEI Numb			<u> </u>	oplied For ot Applicable	
Zip Country		Zip	itry			e of Status Des	sired	\$5.00 Add	ditional		
3313		33133	U	<u>sa</u>	7. Name and Address of New Registered Agent					d	
	6. Name and Address of Current I	registered Agent		Name			a Address of	New Registered	Ageni		
INTERSTATE REGISTERED AGENT CORPORATION 801 BRICKELL AVE., STE. 1901 MIAMI, FL 33131					Street Address (P.O. Box Number is Not Acceptable)						
WINNIE SSTOT											
				City					Zip Cod	e	
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 reinstating)  DATE											
Filing Fee is \$50.00 Due by May 1, 2005							F	Make check lorida Departi		e	
9.	MANAGING MEMBE	RS/MANAGERS	10.	•			ADDIT	IONS/CHANGE	S		
TITLE NAME	P BERMELLO, WILLY A	☐ Delete	TITL		MNG		bonest	INC.	<b>⊠</b> Change	Addition	
STREET ADDRESS	2601 S BAYSHORE DR STE 100	0	ET ADDRESS			Mehae		Soite	1000		
CITY-ST-ZIP	MIAMI, FL 33134		-ST-ZIP	Mic	mi i Fl	bon'ds_	3 <del>3</del> 13	3			
TITLE		☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM	E ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITL				<del></del>		☐ Change	☐ Addition	
NAME			NAM		1						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	TITL	<u> </u>					☐ Change	Addition	
NAME			NAM						_ ,	_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE	2017 1 201 3189 1111	☐ Delete	TITL						Change	☐ Addition	
NAME	1149/41	7	NAM								
STREET ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ET ADDRESS							
11 Lboroby	portify that the information associated solds	this filing does not mustiful.		-ST-ZIP	tad is Carr	ion 110 07/0	Vi) Elected Co-	tuton I familiar -	ortific that the	nformatic -	
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 trugtee emocywered to execute this report as required by Chapter 608, Florida Statutes.											

Willy A Bormello

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

04/12/2005

305-8603704