



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-14-2005 90032 032 ****50.00

DOCUMENT # L02000009830					
1. Entity Name BAP CLEMATIS, LLC					
Principal Place of Business 2601 S. BAYSHORE DR., STE. 1000 MIAMI, FL 33134			Mailing Address 2601 S. BAYSHORE DR., STE. 1000 MIAMI, FL 33134		
2. Principal Place of Business 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite 1000 City & State Miami, Florida Zip 33133 Country USA		3. Mailing Address 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite 1000 City & State Miami, Florida Zip 33133 Country USA			
04112005 Chg-LLC CR2E083 (10/03)				4. FEI Number 01-0688049	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent INTERSTATE REGISTERED AGENT CORPORATION 801 BRICKELL AVE., STE. 1901 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERMELLO, WILLY A 2601 S BAYSHORE DR STE 1000 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR BAP Development Inc. 2601 S. Bayshore Drive Suite 1000 Miami, Florida 33133
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Willy A. Bermello</u> <u>Willy A. Bermello</u> <u>04/12/2005</u> <u>305-8603704</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					