2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2004 08:00 AN Secretary of State

| DOCUMENT | # L02000024302 |
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| | |

 Entity Name BMC, LLC



Principal Place of Business

Mailing Address

2701 OKEECHOBEE BLVD

2701 OKEECHOBEE BLVD #200

#200

WEST PALM BEACH, FL 33409

WEST PALM BEACH, FL 33409 US



DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1637591

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional - Fee Required

6. Name and Address of Current Registered Agent

BELVEDERE MILITARY CORPORATION 2701 OKEECHOBEE BLVD. #200 WEST PALM BEACH, FL 33409

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| The above the obliga | e named entity submits this statement for the purpose of chartons of registered agent. | ose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | I am familiar with, and accept | | |
|--|--|--|---------------|---|----------|------------------|--------------------|--------------------------------|---------------------------------------|--|
| SIGNATURE. | | | . <u>a.</u> . | <u>, , , , , , , , , , , , , , , , , , , </u> | | - 7 | 4 | | - | |
| | Signature, typed or printed name of registered agent and little if applicable, | (NOTE, Registered.) | Agent signatu | re required when reinstating) |)_ | | DATE | , ₃₀ | | |
| | iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBERS/MANAGERS | <u>-</u> , <u>.</u> | | | <u> </u> | . 2 **. <u> </u> | | , , | , , , , , , , , , , , , , , , , , , , | |
| TITLE | MGR | | | | | | | | | |
| LAME | BELVEDERE MILITARY CORPORATION | | | | | | | | | |
| TREET ADDRESS | 2701 OKEECHOBEE BLVD, #200 | | | | | 1 (57); 107(57) | 1002385 | | | |
| 317-S1-2)P | WEST PALM BEACH, FL 33409 | . 1 | | | | | <i>ಬಗ್ಗೆ ವಿಶ್ವ</i> | na me | *~~ | |

TITLE MANAE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-57-ZIP 3151.F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP BUF NAME

U1/13/U4-80U37-001 50.00

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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 of trustee employees to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #