


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024923 1. Entity Name BMSP PROPERTIES, L.L.C.	
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Principal Place of Business 1408 WESTSHORE BLVD., SUITE 900 TAMPA, FL 33607	Mailing Address 1408 WESTSHORE BLVD., SUITE 900 TAMPA, FL 33607
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04082005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4211509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAMILTON, THEODORE J ESQ. % WETHERINGTON, HAMILTON & HARRISON, P.A. 2625 PARK TOWER, 400 N. TAMPA ST. TAMPA, FL 33602

**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 _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, STEVE J 1408 WESTSHORE BLVD., SUITE 900 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNICKERBOCKER, RONALD F 1408 WESTSHORE BLVD., SUITE 900 TAMPA, FL 33607
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04/28/05-80089-024 50.00

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:  **STEVE J. FRIEDMAN** **4/25/05** **813-288-9800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #