2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024923

1. Entity Name

BMSP PROPERTIES, L.L.C.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90022 050 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TAMPA R. 38807	Principal Plac	e of Business	Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. PCHECK HERE IF MAKING CHANGES City & State City & State City & State A. FEI Number				Suite 90	0		II NII NII NEIN NOM NOM NOM N	 } 	 	
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Zip Country Zip Country S. Certificate of Status Desired Status Desired S. S. On Additional Fee Frequency S. S. S. On Additional Fee	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE	EIF MAKING	CHANGES	3
Secondary Seco	City & State	e	City & State			4. FEI Nu	mber - 421150	19	- 	• •
HAMILTON, THEODORE J ESO. \$. WETHERINGTON, HAMILTON & HARRISON, P.A. 2825 PARK TOWER, 400 N. TAMPA ST. TAMPA FL 33802 City FL City FL Zip Code City FL Zip Co	Zip	Country	Zip	Coun	itry			\$		
### HAMILTON, THEODORE J ESO. % WETHERINGTON, HAMILTON & HARRISON, P.A. 2625 PARK TOWER, 400 N. TAMPA ST. TAMPA FL 33602 City FL Zip Code		6. Name and Address of Current R	egistered Agent			7. Name	and Address of New	Registered Ag	jent	
Signet Address (PO, Box Number is Not Acceptable) Sees PARK TOWER, 400 N. TAMPA ST. TAMPA FL 33802 City FL Zip Code				Name						
TAMPA FL 33802 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 collipations of registered agent and set if registered. (MOTE Registered Agent speakure required when installing) SIGNATURE Signature, upper or pristed name of registered agent and set if registration. (MOTE Registered Agent speakure required when installing) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Dealer of Plorida Department of Plor	% W	/ETHERINGTON, HAMILTON & HAR	SON, P.A.		Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. Signature Signa			•							
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME FRIEDMAN, STEVE J SIMEL ADDRESS OF STEET ADDRESS STREET ADDRESS OFTY-ST-2P TAMPA FL 33607 TITLE NAME KNICKERBOCKER, RONALD F STREET ADDRESS OFTY-ST-2P TAMPA FL 33607 TITLE NAME STREET ADDRESS OFTY-ST-2P TITLE NAME STREET	SIGNATURE .									
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