2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030517

1. Entity Name
BIMINI 4 L.L.C.

Principal Place of Business	Mailing Address
5100 GRANADA BLVD. CORAL GABLES, FL 33146-2029	5100 GRANADA BLVD. CORAL GABLES, FL 33146-2029

DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0141443

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COLL, CRISTINA
5100 GRANADA BLVD.
CORAL GABLES, FL 33146-2029

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating]

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	COLL, CRISTINA
STREET ADDRESS	5100 GRANADA BLVD
CITY-ST-ZIP	CORAL GABLES, FL 331462029
TITLE	MGRM
NAME	COLL, LAUREN C
STREET ADDRESS	5100 GRANADA BLVD
CITY-ST-ZIP	CORAL GABLES, FL 331462029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

-U00000172943
01/06/05-80022-014 50.00

DO NOT WRITE IN THIS SPACE

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. LAUREN C. COLL

SIGNATURE: Lauren C. Coll 01/04/05 305.663.3285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #