

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002891

1. Entity Name
BHSNMETRO-CONDO, LLC



Principal Place of Business

**2900 SW 28TH TERRACE
SECOND FL
MIAMI, FL 33133**

Mailing Address

**2900 SW 28TH TERRACE
SECOND FL
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



04132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0976483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LITMAN, NEAL S
GROVE PLAZA-SECOND FL
2900 S.W. 28TH TERRACE
COCONUT GROVE, FL 33133**

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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	MGRM
NAME	GOLDMAN, HAZEL
STREET ADDRESS	10501 SW 71 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	MURPHY, SCOTT
STREET ADDRESS	10501 SW 71 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000358148
05/04/05-80102-018 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

Authorized Representative

4-26-05 (305) 441-9000