

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90016 010 \*\*\*\*50.00

<b>DOCUMENT # L03000027480</b>					
<b>1. Entity Name</b> BAP-GGM BISCAYNE BAY, L.L.C.					
<b>Principal Place of Business</b> 2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133			<b>Mailing Address</b> 2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02012005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 61-1458715				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SERBER, DANIEL J 2875 N.E. 191ST STREET AVENTURA, FL 33180			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAP BAY LOFTS, LLC 2601 S. BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GGM DEVELOPERS, LLC 2875 N. E 191 STREET, SUITE 900-A AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GGM DEVELOPERS, LLC 2875 NE 191 ST - SUITE 901-A AVENTURA - FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Willy A. Bernello</u> <b>Willy A. Bernello</b> 04/12/2005    305 860 3704					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					