

FILED  
Apr 14, 2005 8:00 am  
Secretary of State

04-14-2005 90032 033 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000005358

1. Entity Name  
BAP FORT MYERS, LLC



Principal Place of Business  
701 BRICKELL AVE, STE 3000  
MIAMI, FL 33131

Mailing Address  
701 BRICKELL AVE, STE 3000  
MIAMI, FL 33131



2. Principal Place of Business  
2601 South Bayshore Drive  
Suite, Apt. #, etc.  
Suite 1000

3. Mailing Address  
2601 South Bayshore Drive  
Suite, Apt. #, etc.  
Suite 1000

03012005 Chg-LLC CR2E083 (10/03)

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
42-1636227

Applied For  
Not Applicable

Zip  
33133

Country  
USA

Zip  
33133

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE, STE 3000  
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Willy A. Bernello 4/12/05 305 860 3709