

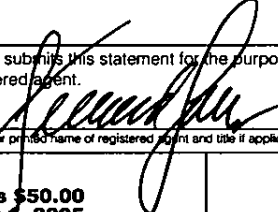



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 AM 11:16

DOCUMENT # L04000025754					
1. Entity Name BAP OPERA PLACE, LLC					
Principal Place of Business ATTN: WILLY A. BERMELLO 2601 S. BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133			Mailing Address ATTN: WILLY A. BERMELLO 2601 S. BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133		
2. Principal Place of Business 2601 S. Bayshore Drive		3. Mailing Address 2601 S. Bayshore Drive			
Suite, Apt. #, etc. Suite 1000		Suite, Apt. #, etc. Suite 1000			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33133		Country USA		03112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 421636226				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, FERNANDO ESQ. 2601 S. BAYSHORE DRIVE, SUITE 1600 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name: Garcia, Fernando Esq. Street Address (P.O. Box Number is Not Acceptable): 2525 Ponce de Leon Blvd. Suite 400 City: Miami FL Zip Code: 33134-6012		
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: 4/18/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR BAP Development Inc. 2601 S. Bayshore Drive Suite 1000 Miami Florida 33133	
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 100052581721 04/28/05--01004--003 **50.00	
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	
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:  Willy A. Bermello 04/12/2005 305 860 3704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					