CITY-ST-ZIP

SIGNATURE: Stanley Braun X

2007 LIMITED LIABILITY COMPANY

FILED Jan 19, 2007 08:00 AM

259 254 1430

Daytime Phone #

Date

ANNUAL REPURI				C4	
DOCU 1. Entity Nerr BPM, L.L		988		5	ecretary of State
Principal Plac 195 AUDUBO NAPLES, FL	ON BOULEVARD	Mailing Address 6310 SAN VICENTE BLVD 250 LOS ANGELES, CA 90048) US	 	IIII BBIGG (III) BIBII BBIGI IBIBI IBIGG IB IBG
	O NOT WRITE	IN THIS SPA		01082007 No Chg-LLC 4. FEI Number 52-2453961	CR2E083 (11/05) Applied For
	6. Namo and Address of Current Re	epistered Agent		5. Certificate of Status Desired	\$5.00 Additional Fee Required
BUTZEL L	EL OAK DRIVE, SUITE 705			DO NOT W IN THIS SI	
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 aignature required when rematating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007 U0000593238					
9.	MANAGING MEMBERS	S/MANAGERS	Raid de Maria	MARK ARES RESERVED.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAUN, STANLEY 195 AUDUBON BOULEVARD NAPLES, FL 34110				
NAME STREET ADDRESS CITY-SI-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				PO NOT W	N 15 44 PO 15 GEO PARA PARA PARA PARA PARA PARA PARA PAR
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SI	PACE
NAME STREET ADDRESS CITY-ST-ZIP					
NAME TITLE					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.