## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000040946

1. Entity Name

**BML CAMBRIDGE LLC** 



FILED Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business

BENNETT M. LIFTER, INC. P.O. BOX 694645

17760 NW 2ND AVE, STE 200 MIAMI, FL 33269-1645 Mailing Address

BENNETT M. LIFTER, INC. P.O. BOX 694645 17760 NW 2ND AVE, STE 200 MIAMI, FL 33269-1645



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-1211126		 	Applied For Not Applicable
59-12111	20	 	<del></del>
5. Certificate of	Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

NASH, MARTIN J ESQ 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI, FL 33133

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SiGNATURE.	Signature, typed or printed name of registered agent and title If applicable	(NOTE: Registered Agent signature required when rematating)	DATE
	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIFTER, BENNETT N 17760 NW 2ND AVENUE #200 MIAMI, FL 33169		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000735515 05/10/07-80037-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	hall have the same legal effect as if made under o	ath; that I am a managing member or manager of the