2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State
Secretary or State

DOCUMENT # L04000045956 07-26-2005 90005 028 ****50.00 1. Entity Name BSM HOLDINGS, LLC 20065557 Principal Place of Business Mailing Address 1400 CENTREPARK BLVD., SUITE 310 1400 CENTREPARK BLVD., SUITE 310 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC 07192005 CR2E083 (10/03) 4. FEI Number 27-0094436 City & State City & State Applied For Not Applicable Country Zip Country Zin \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORRIS, DAVID B Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408 City Zip Code FI 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) Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Change ☐ Addition TITLE SMITH, STANLEY R 1400 CONTREPARK BLVD. NAME NAME STREET ADDRESS STREET ADDRESS WEST PARM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-7/P SHITH, MATTHEW K 1400 CENTREDARK BLVd ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS WAST PALM BOREH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP HER SHITH, BRAdley Delete SHITH, BRADLEY BLVd. TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS WEST PALM BOACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

 I hereby certify that the information indicated on this report is true limited liability company of the co ate 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 r trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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