




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-14-2005 90032 027 \*\*\*\*\*50.00

L04000070186  
**FILED**

05 APR 27 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000070186</b> 1. Entity Name <b>BAP LOS ALTOS, LLC</b>					
Principal Place of Business <b>2601 S. BAYSHORE DR. SUITE 1000 MIAMI, FL 33133</b>		Mailing Address <b>2601 S. BAYSHORE DR. SUITE 1000 MIAMI, FL 33133</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>010821546</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAPOTE, NIBALDO J 2601 S. BAYSHORE DR. SUITE 1000 MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name <b>Intrastate Registered Agent Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 Brickell Avenue Suite 3000</b>  City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>			
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 		VP <b>JORGE L. HERNANDEZ</b>		DATE <b>2/12/05</b>	
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	
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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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



03112005    Chg-LLC    CR2E083 (10/03)

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