


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90044 044 ****50.00

DOCUMENT# L04000071131	
1. Entity Name BAMI, LLC	

DO NOT WRITE IN THIS SPACE

20016157

2. Principal Place of Business c/o Barry A. Mentzel Suite, Apt. #, etc. 4520 Prospect City & State West Bloomfield, MI Zip 48321 Country USA		3. Mailing Address c/o Barry A. Mentzel Suite, Apt. #, etc. 4520 Prospect City & State W. Bloomfield, MI Zip 4832 Country USA	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number None		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Kenneth G. Frey Street Address (P.O. Box Number is Not Acceptable) 380 Connors Ave City Naples FL Zip Code 34109		

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

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr. m Barry A. Mentzel 4520 Prospect W. Bloomfield, MI 48324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

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

Date

Daytime Phone #

CR2E083B (12/02)