

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000073214

1. Entity Name
BMW 1, LLC



Principal Place of Business
C/O STEVEN A. SCIARRETTA, ESQ.
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

Mailing Address
C/O STEVEN A. SCIARRETTA, ESQ.
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

2. Principal Place of Business
4701 Melrose Ave.

3. Mailing Address
4701 Melrose Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005

Chg-LLC

CR2E083 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
20-1709907

Applied For
Not Applicable

Zip
33629

Country
USA

Zip
33629

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQ.
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4701 Melrose Ave.
City
Tampa FL Zip Code
33629

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)

Jack R. McCurdy Jr., Manager

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME SCIARRETTA, STEVEN A ESQ. ☒ Delete
STREET ADDRESS 2300 GLADES ROAD, SUITE 302-EAST
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME Jack R. McCurdy Jr.
STREET ADDRESS 4701 Melrose Ave.
CITY-ST-ZIP Tampa, FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Jack R. McCurdy Jr., Manager

Date

Daytime Phone #

FILED

2005 APR 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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