2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000074424

1. Entity Name
BMS COCONUT CREEK, LLC

Principal Place of Business	Mailing Address
5901 SW 74TH STREET	5901 SW 74TH STREET
SUITE 205	SUITE 205
SOUTH MIAMI, FL 33143 US	SOUTH MIAMI, FL 33143 US

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02012005   Chg-LLC   CR2E083 (10/03)

4. FEI Number 26- 0097853 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BROWN, VICTOR 5901 SW 74TH STREET SUITE 205 SOUTH MIAMI, FL 33143	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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)   DATE

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	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BROWN, VICTOR		NAME			
STREET ADDRESS	5901 SW 74TH STREET, SUITE 205		STREET ADDRESS			
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BROWN, DAVID		NAME			
STREET ADDRESS	5901 SW 74TH STREET, SUITE 205		STREET ADDRESS			
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BROWN, STEVEN		NAME			
STREET ADDRESS	5901 SW 74TH STREET, SUITE		STREET ADDRESS			
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____   2/4/05   (305) 665-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #