## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 30, 2006 8:00 am **Secretary of State DOCUMENT # L05000000474** 01-30-2006 90157 046 \*\*\*\*50.00 BMB PROPERTIES LLC Principal Place of Business Mailing Address 9000 SW 152ND ST., STE 102 9000 SW 152ND ST., STE 102 MIAMI, FL 33157 MIAMI, FL 33157 3. Mailing Address PO Box 560945 2. Principal Place of Business 7450 SW 131 Street Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable 05-0619937 Miami, Florida Miami. Florida Country \$5.00 Additional Zip Country 5. Certificate of Status Desired П 33156 33256-0945 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name B. Mackay Brown (same) BROWN, B. MACKAY ESQ Street Address (P.O. Box Number is Not Acceptable) 7450 SW 131 Street C/O WHITE & BROWN, P.A. 9000 SW 152ND ST., STE 102 MIAMI, FL 33157 City Mi ami 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change MGR TITLE ☐ Addition TITLE ☐ Delete NAME BROWN, B. MACKAY NAME 7450 SW 131 Street 9000 SW 152ND ST., STE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, Florida 33156 CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FIFLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE 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 exemptions contained in Chapter 119, 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.

B. MACKAY BROWL

SIGNATURE:

FILED