


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90042 011 \*\*\*\*50.00

<b>DOCUMENT # L05000035697</b>	
1. Entity Name <b>BMI REAL ESTATE INVESTORS, LLC</b>	

Principal Place of Business <b>5800 SW 127 AVE, STE 2216 MIAMI, FL 33183</b>	Mailing Address <b>5800 SW 127 AVE, STE 2216 MIAMI, FL 33183</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

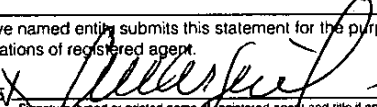
04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-4761696</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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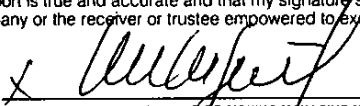
6. Name and Address of Current Registered Agent	
<b>MEJIA, MARIO 5800 SW 127 AVE, STE 2216 MIAMI, FL 33183</b>	

7. Name and Address of New Registered Agent	
Name <b>Marcos A Argenal</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>13170 SW 128 St #207</b>	
City <b>Miami</b>	FL Zip Code <b>33186</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 	DATE <b>4/25/06</b>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MEJIA, MARIO 5800 SW 127 AVE, STE 2216 MIAMI, FL 33183</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. Argenal Marcos A 13170 SW 128 St #207 Miami FL 33186</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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 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.	
SIGNATURE: 	Date <b>4/25/06</b> Daytime Phone # <b>7865868590</b>