

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90173 043 \*\*\*\*50.00

DOCUMENT # L05000035697 1. Entity Name BMI REAL ESTATE INVESTORS, LLC	
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Principal Place of Business 5800 SW 127 AVE, STE 2216 MIAMI, FL 33183	Mailing Address 5800 SW 127 AVE, STE 2216 MIAMI, FL 33183
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**DO NOT WRITE IN THIS SPACE**

40115058



05112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4761696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ARGENAL, MARCOS A  
 13170 SOUTHWEST 128 STREET  
 SUITE 207  
 MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and site if applicable.

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEJIA, MARIO 5800 SW 127 AVE, STE 2216 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGENAL, MARCOS A 13170 SOUTHWEST 128 STREET SUITE 207 MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_