


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000077342</b> 1. Entity Name BM COLLINS, LLC	
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Principal Place of Business 555 N.E. 15 STREET SUITE 100 MIAMI, FL 33132	Mailing Address 555 N.E. 15 STREET SUITE 100 MIAMI, FL 33132
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<b>DO NOT WRITE IN THIS SPACE</b>
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04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4128068	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  ZARETSKY, LOUIS D. 555 N.E. 15 STREET SUITE 100 MIAMI, FL 33132
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTRO, ANTONIO J 6701 COLLINS AVENUE, ST. JULIEN ROOM MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERUELO, BELINDA 6701 COLLINS AVENUE, ST. JULIEN ROOM MIAMI BEACH, FL 33141
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<p>U000000921525 05/15/08-80009-024-138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 # \_\_\_\_\_