


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90149 026 ****55.00

DOCUMENT # L05000123447

1. Entity Name
BMS CATTLE COMPANY, LLC



Principal Place of Business
150 S.E. 150 S.E. 2ND AVENUE SUITE 914 MIAMI, FL 33131

Mailing Address
150 S.E. 150 S.E. 2ND AVENUE SUITE 914 MIAMI, FL 33131

400000331

2. Principal Place of Business
150 SE SECOND AVENUE SUITE #914 MIAMI, FL

3. Mailing Address
150 SE SECOND AVENUE SUITE #914 MIAMI, FL

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip **33131** Country **U.S.**

Zip **33131** Country **U.S.**



02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4114690** Applied For Not Applicable

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

8. Name and Address of Current Registered Agent
**MARCHENA, MARCOS R
 233 S. SEMORAN BLVD.
 ORLANDO, FL 32807**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NIVESA OF FLORIDA, INC. 150 S.E. 2ND AVENUE, SUITE 914 MIAMI, FL 32807 <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 | MGRM ROBIN SMITH 3313 CARAWAY STREET COCOA, FL 32926 <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 |
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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: Alberto Valle **ALBERTO VALLE** **2/6/06** **305-372-0089**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #