

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90175 022 ****55.00



DOCUMENT # L05000123447
 1. Entity Name
BMS CATTLE COMPANY, LLC

Principal Place of Business 150 S.E. 2ND AVE. SUITE 914 MIAMI, FL 33131	Mailing Address 150 S.E. 2ND AVE. SUITE 914 MIAMI, FL 33131
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041070



2. Principal Place of Business - No P.O. Box # 150 SE 2 AVENUE	3. Mailing Address 150 SE 2 AVENUE
Suite, Apt. #, etc. SUITE 900	Suite, Apt. #, etc. SUITE 900

01032007 Chg-LLC CR2E083 (12/06)

City & State MIAMI, FL	City & State MIAMI, FL
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4. FEI Number 20-4114690	Applied For Not Applicable
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Zip 33131	Country US	Zip 33131	Country U.S
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
MARCHENA, MARCOS R
MARCHENA AND GRAHAM, P.A.
976 LAKE BALDWIN LANE, SUITE 101
ORLANDO, FL 32814

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, 2007	Make check payable to Florida Department of State
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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 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2 AVENUE, SUITE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, ROBIN 3313 CARAWAY ST COCOA, FL 32926 <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
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

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** 3/19/07 305-372-0089
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #