

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90339 043 ***138.75

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DOCUMENT # L07000091988 1. Entity Name BM CITY, LLC					
Principal Place of Business 16100 GOLF CLUB RD - APT 101 VILLAGE COUNTRY CLUB WESTON, FL 33326			Mailing Address 16100 GOLF CLUB RD - APT 101 VILLAGE COUNTRY CLUB WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 1750 N. Bayshore Dr. Unit 3205 MIA FL Suite, Apt. #, etc. APT 3205		3. Mailing Address 1750 North Bayshore Drive Suite, Apt. #, etc. APT 3205		03052008 Chg-LLC CR2E083 (12/06)	
City & State Miami FL		City & State Miami FL		4. FEI Number 26-0877164	
Zip 33132		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATO, LUIS E 16100 GOLF CLUB RD - APT 101 VILLAGE COUNTRY CLUB WESTON, FL 33326				7. Name and Address of New Registered Agent Name LUIS E. PRATO Street Address (P.O. Box Number is Not Acceptable) 1750 N. Bayshore Dr. Unit 3205 Miami FL City Miami FL Zip Code 33132	
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 03-05-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTELLUCCI, ARMANDO PISO 19 OFC 192-A CHACAO, CARACAS, VENEZUELA.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1750 North Bayshore Drive Unit 3205 Miami FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:			3-5-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		