2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L07000107863

Entity Name: BIMIAMI LLC

Current Principal Place of Business:

3239 W. TRADE AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

3239 W. TRADE AVENUE
9
COCONUT GROVE, FL 33133

Current Mailing Address:

3239 W. TRADE AVENUE
COCONUT GROVE, FL 33133

New Mailing Address:

3239 W. TRADE AVENUE
9
COCONUT GROVE, FL 33133

FEI Number: 77-0703400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUDIK, MICHAEL A
401 BISCAYNE BLVD.
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

DUDIK, MICHAEL A
401 BISCAYNE BLVD.
MIAMI, FL 33133 US

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.

SIGNATURE: MICHAEL DUDIK 05/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PEREZ, ARLENE
Address: 2150 S.W. 16TH AVENUE
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete
Name: MYF HOSPITALITY L.L., C.
Address: 3239 W. TRADE AVE. #9
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARLENE PEREZ MGRM 05/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date