

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000106715

**FILED**  
**May 25, 2010**  
**Secretary of State**

**Entity Name:** BPMT CORPORATION, LLC

**Current Principal Place of Business:**

2720 SW 19 TERRACE  
MIAMI, FL 33145

**New Principal Place of Business:**

199 EAST FLAGLER STREET SUITE 111  
MIAMI, FL 33131

**Current Mailing Address:**

PO BOX 12116  
MIAMI, FL 33101

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, ALAN J  
2720 SW 19 TERRACE  
MIAMI, FL 33145    US

**Name and Address of New Registered Agent:**

LOPEZ, ALAN  
199 EAST FLAGLER STREET SUITE 111  
MIAMI, FL 33131    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: ALAN LOPEZ

05/25/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOPEZ, ANA  
Address: 199 EAST FLAGLER STREET SUITE 111  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: LOPEZ, ANTHONY  
Address: 199 EAST FLAGLER STREET SUITE 111  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: LOPEZ, ALEJANDRO  
Address: 199 EAST FLAGLER STREET SUITE 111  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: LOPEZ, ALAN  
Address: 199 EAST FLAGLER STREET SUITE 111  
City-St-Zip: MIAMI, FL 33131

I hereby 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: ALAN LOPEZ

MGRM

05/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date