2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L9400000399 1. Entity Name

FILED Mar 15, 2004 8:00 am Secretary of State

| Maring Address | BAM REALTY ASSOCIATES, L.C. | | | | 03-15-2004 9043 / 00 / *****50.00 | |
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| SUITE 500 SUIT | Principal Place of Business Mailing | | Mailing Address | | 7 | |
| 2. Principal Place of Business 3. Mailing Address | | KLAND PARK BLVD. | | | | |
| MOORE Prize Priz | | | | | | |
| MOORE Prize Priz | | | | | 1987/1917 | |
| City & State City & State | 2. Principal Place of Business | | 3. Mailing Address | | | |
| Zip | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | MOORE CR2E083 (11/03) | |
| S. Name and Address of Current Registered Agent | City & State | | | | 35-9488971 Not Applicable | |
| Name | Zip | | | Country | Fee Required | |
| FITZGERALD, ROBERT 2300 W. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311 Street Address (PO. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 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 scoop into obligations of registered agent. Signature, lynd or print united alregistered agent and in depressits. Rich Registered Apert septimus required fleets rectangly. P. MANAGING MEMBERS (MANAGERS 10. ADDITIONS / CHANGES 10. ADDITIONS / C | 6. Name and Address of Current Regis | | | | | |
| 2300 W. OAKLAND PARK BLVD. FOR LAUDERDALE FL 33311 City FL Zip Code City FL Zip Code City FL Zip Code City FL City | | ZOEDALD DODEDT | • * | , Name | La L | |
| 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tarmitiar with, and accept the obligations of registered agent, and the floridad pagent agents of registered agent, or both, in the State of Florida. I am tarmitiar with, and accept products agent agents of registered agent, or both, in the State of Florida. I am tarmitiar with, and accept products agent agents of registered agent, or both, in the State of Florida. I am tarmitiar with, and accept agent agents of registered agent, or both, in the State of Florida. I am tarmitiar with, and accept products agent agents of registered agent, or both, in the State of Florida. I am tarmitiar with, and accept products agent agents agent agents of registered agent, or both, in the State of Florida. I am tarmitiar with, and accept products agent agents with a necessary agent agents agent age | 230 | 0 W. OAKLAND PARK BLVI | D. | Street Addres | ss (P.O. Box Number is Not Acceptable) | |
| S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Part Par | · | TI LAUDENDALE FE 33311 | | | | |
| SIGNATURN | | | | | | |
| No. | | | | | | |
| STREET ADDRESS STRE | SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| TITLE NAME FITZGERALD, ROBERT Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP NAME NAME | FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State | | | | | |
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| 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 it made under outby that I am a managing member or manager of the | | certify that the information supplied with | this filing does not qualify for t | | Section 119.07(3)(i), 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 it made under oath; that if an limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE