

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90036 020 ****55.00

DOCUMENT # L99000008683

1. Entity Name
BIP MINING, L.L.C.



Principal Place of Business
**C/O ROSENBERG, REISMAN & STEIN LLP
ONE SOUTHEAST THIRD AVENUE, SUITE 3050
MIAMI, FL 33131**

Mailing Address
**C/O ROSENBERG, REISMAN & STEIN LLP
ONE SOUTHEAST THIRD AVENUE, SUITE 3050
MIAMI, FL 33131**

20001829



2. Principal Place of Business
One S.E. Third Avenue

3. Mailing Address
One S.E. Third Avenue

01062005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.
Suite 3050

Suite, Apt. #, etc.
Suite 3050

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1073170

Applied For
☐ Not Applicable

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSENBERG, DONALD S
C/O ROSENBERG, REISMAN & STEIN LLP
ONE SOUTHEAST THIRD AVENUE, SUITE 3050
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Donald S. Rosenberg
Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Avenue, Suite 3050
City
Miami, FL Zip Code
33131

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

Donald S. Rosenberg

1/6/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
O'NEILL, DAVID
STREET ADDRESS
2654 SOUTH KITTREDGE PARK ROAD
CITY-ST-ZIP
EVERGREEN, CO 80439

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby 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 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:

David O'Neill

1/6/05 305 358 2600

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

Date

Daytime Phone #