2006-LIMITED LIABILITY COMPANY

FILED May 25, 2006 8:00 am Secretary of State ANNUAL REPORT 04-24-2006 90063 006 ****50.00 **DOCUMENT # M05000000114**

1. Entity Name BIP-MM, LLC Principal Place of Business Mailing Address 1500 WEST CYPRESS CREEK ROAD, SUITE 409 1500 WEST CYPRESS CREEK ROAD, SUITE 409 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suita, Apt. #, etc. 02242008 CR2E083 (11/05) City & State Applied For City & State 4. FEI Number Not Applicable Ζiρ Country Ziρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRENNER, SCOTT 1500 WEST CYPRESS CREEK ROAD, SUITE 409 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33309 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change ☐ Addition TITLE BRENNER, SCOTT NAME NAME 1500 WEST CYPRESS CREEK ROAD, SUITE 409 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Channe ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Addition ☐ Chance Deleta TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delate TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting 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:

SIGNATURE AND TYPED OR PRINTED MAME OF BIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #