2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

Mar 13, 2007 8:00 am Secretary of State DOCUMENT # M06000000972 03-13-2007 90121 009 ****50.00 BMS HOSPITALITY, L.L.C. Principal Place of Business Mailing Address 2917 WEST 112TH STREET 2917 WEST 112TH STREET LEAWOOD, KS 66211 LEAWOOD, KS 66211 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 76-0417625 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Levin C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 B. 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGR ☐ Change ☐ Addition ☐ Delete ASNER, SCOTT NAME NAME 12801 RUSSELL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OVERLAND PARK, KS 66209 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIT\F NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72P 11. I hereby certify that the information supplied with this filing 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.

FILED

Daytime Phone #

ATTACHMENT 60023412 FEMIX 000000972

entin Cercitatouro Foreign Limited Liability BMS HOSPITALITY, L.L.C PRINCIPAL ADDRESS AILING: ADDRESS Total Contribution Registered Agent Name & Address C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Manager/Member Detail Name & Address Title ASNER, SCOTT 12801 RUSSELL MGR

Annual Reports:

ATTACHMENT 60023442

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