FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90369 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103627

1. Entity Name

BMR Investments G. P., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Broadview Terrace #308	Broadview Terrace #308
Suite, Apt. #, etc.: 1560 Lancaster Terrace	Suite, Apt. #, etc.: 1560 Lancaster Terrace
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204-4146 Country: US	Zip: 32204-4146 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3416313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert E. Breen

Street Address (P.O. Box Number is Not Acceptable): Broadview Terrace #308

1560 Lancaster Terrace

City: Jacksonville **FL** Zip Code: 32204-4146

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.

SIGNATURE: Robert E. Breen 3/17/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Corporate Director
NAME	Robert E. Breen
STREET ADDRESS	Broadview Terrace #308, 1560 Lancaster Terrace
CITY-ST-ZIP	Jacksonville, FL 32204-4146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Breen 3/17/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone –