

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000103627

1. Entity Name  
BMR INVESTMENTS G.P., INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 29 AM 9:06

Principal Place of Business  
BROADVIEW TERRACE #308  
1560 LANCASTER TERRACE  
JACKSONVILLE, FL 32204-4146

Mailing Address  
BROADVIEW TERRACE #308  
1560 LANCASTER TERRACE  
JACKSONVILLE, FL 32204-4146



2. Principal Place of Business  
27332 Hollybrook Trail

3. Mailing Address  
27332 Hollybrook Trail

06152005 Chg-P CR2E034 (10/03)

City & State  
Wesley Chapel, Florida

City & State  
27332 Hollybrook Trail

4. FEI Number  
59-3416313

Applied For  
Not Applicable

Zip  
33543

Country  
USA

Zip  
33543

Country  
USA

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

6. Name and Address of Current Registered Agent  
BREEN, ROBERT E  
BROADVIEW TERRACE #308  
1560 LANCASTER TERRACE  
JACKSONVILLE, FL 32204-4146

7. Name and Address of New Registered Agent  
Name  
Robert E. Breen, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
27332 Hollybrook Trail  
City  
Wesley Chapel FL Zip Code  
33543

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 *Robert E. Breen, Jr.* 100058354821  
08/09/05--01002--013 \*\*61.25

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREEN, ROBERT E		NAME	Robert E. Breen, Jr.	
STREET ADDRESS	BROADVIEW TER.#308,1560 LANCASTER TER.		STREET ADDRESS	27332 Hollybrook Trail	
CITY-ST-ZIP	JACKSONVILLE, FL 322044146		CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE		<input type="checkbox"/> Delete	TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jane B. Holmes	
STREET ADDRESS			STREET ADDRESS	628 Sawgrass Way	
CITY-ST-ZIP			CITY-ST-ZIP	Mesquite, NV 89027	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E. Breen, Jr.* Robert E. Breen, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #