




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000070186 1. Entity Name BAP LOS ALTOS, LLC					
Principal Place of Business 2601 S. BAYSHORE DR. SUITE 1000 MIAMI, FL 33133		Mailing Address 2601 S. BAYSHORE DR. SUITE 1000 MIAMI, FL 33133			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 010821546		
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CAPOTE, NIBALDO J 2601 S. BAYSHORE DR. SUITE 1000 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Intrastate Registered Agent Corp. Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 3000 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  <small>Signature typed or printed name of registered agent, and only applicable.</small>		VP JORGE L. HERNANDEZ - TORRES / 12/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAP Development Inc. 2601 S. Bayshore Drive Suite 1000 Miami Florida 33133		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Willy A. Bermello		Date 04/12/2005	Daytime Phone # 305 860 3704

5/4/05