


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007962 1. Entity Name BERMUDA COVE LLC	
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Principal Place of Business 3215 N.W. 63RD STREET BOCA RATON FL 33496 US	Mailing Address 3215 N.W. 63RD STREET BOCA RATON FL 33496 US
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MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

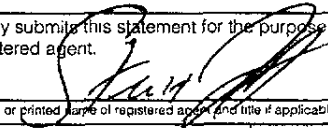
4. FEI Number 65-1105242	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FEIT, STEVEN H 3215 N.W. 63RD STREET BOCA RATON FL 33496
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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:  (NOTE: Registered Agent signature required when reinstating) DATE: **1/26/04**

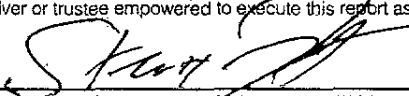
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE NAME	MGRM CAMINO, REAL INVESTMENT FAMILY LP	<input type="checkbox"/>
STREET ADDRESS	3215 NW 63RD ST.	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			

U00000030509
02/04/04-80110-023 50.00

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:  DATE: **1/26/04** DAYTIME PHONE #: **501-350-0335**