

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 030 ****50.00

DOCUMENT # L02000025421

1. Entity Name
BCG PARTNERS L.L.C.



Principal Place of Business
**150 WEST FLAGLER STREET STE. 2200
MIAMI, FL 33130**

Mailing Address
**150 WEST FLAGLER STREET STE. 2200
MIAMI, FL 33130**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
55-0799875

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FREED, OWEN S
150 WEST FLAGLER STREET STE. 2200
MIAMI, FL 33130**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **BIOCCHI, FRANCO JR**
STREET ADDRESS **781 CRANDON BOULEVARD UNIT 801**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VPT** ☐ Delete
NAME **GUARDAZZI, FERNANDO**
STREET ADDRESS **781 CRANDON BLVD. 701**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VP** ☒ Delete
NAME **BAPTISTA, ALBERTO**
STREET ADDRESS **740 ESOBARA AVENUE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **S** ☐ Delete
NAME **FREED, OWEN**
STREET ADDRESS **150 WEST FLAGLER STREET, SUITE 2200**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

OWEN S. FREED

2/12/04

305-785-3454

Date

Daytime Phone #