

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000012059

FILED
Jul 19, 2006
Secretary of State**Entity Name:** BCBP, L.L.C.**Current Principal Place of Business:**3785 NW 82ND AVE
SUITE 209
MIAMI, FL 33166**New Principal Place of Business:**3785 NW 82ND AVE
SUITE 209
DORAL, FL 33166**Current Mailing Address:**3785 NW 82ND AVE
SUITE 209
MIAMI, FL 33166**New Mailing Address:**3785 NW 82ND AVE
SUITE 209
DORAL, FL 33166**FEI Number:** 55-0825813**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARANY, ROBERT C
3785 NW 82ND AVENUE, STE. 209
DORAL, FL 33166 US**Name and Address of New Registered Agent:**BARANY, ROBERT C
3785 NW 82ND AVE
SUITE 209
DORAL, FL 33166 US

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 C BARANY

07/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: BARANY, ROBERT
Address: 3785 NW 82ND AVE SUITE 209
City-St-Zip: MIAMI, FL 33166**Title:** MGRM (X) Delete
Name: BARANY, GESA
Address: 3785 NW 82ND AVE SUITE 209
City-St-Zip: MIAMI, FL 33166**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: BARANY, ROBERT
Address: 3785 NW 82ND AVE SUITE 209
City-St-Zip: DORAL, FL 33166**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT C BARANY

MGRM

07/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date