


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000049

1. Entity Name
BGF REPRESENTACIONES TURISTICAS, L.C.



Principal Place of Business 100 N. BISCAYNE BLVD., SUITE 2609 MIAMI, FL 33132	Mailing Address 100 N. BISCAYNE BLVD., SUITE 2609 MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0464278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WISNIACKI, FABIAN
1915 BRICKELL AVE.
C-402
MIAMI, FL 33149

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE _____

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

000000119302
04/19/04 80095 808 58.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISNIACKI, FABIAN 1915 BRICKELL AVE., C-402 MIAMI, FL 33129
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IN THIS SPACE**

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: X  **FABIAN WISNIACKI, MGR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____