2004 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # L99000006536

Principal Place of Business

BOUNTY GROUP HOLDING LLC



Mailing Address

8550 NW 17TH STREET SUITE 100 MIAMI, FL 33126

8550 NW 17TH STREET SUITE 100 MIAMI, FL 33126

FILED May 05, 2004 08:00 AM Secretary of State



05032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For	
65-0955723	 Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIGURD JENSEN CO 95 MERRICK WAY, SUITE 518 CORAL GABLES, FL 33134

SIGNATURE:

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8. The above the obligat	named entity submits this statement for the purpose of chan- ions of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fil Due t	ing Fee is \$50.00 by September 8, 2004		U00000156222
9.	MANAGING MEMBERS/MANAGERS		U5/U5/U4-80069-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIGURD JENSEN CO. 95 MERRICK WAY, SUITE 518 CORAL GABLES, FL 33134		55/ 55/ 57/ 55555 515 35.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY- ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lial	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature sha billity company or the receiver or trustee empowered to execu	ralify for the exemption stated in Section 119.07(3). If have the same legal effect as if made under oat ate this report as regulred by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information is that I am a managing member or manager of the Statutes.

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