## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M02000003211

1. Entity Name
BSI INVESTMENT ADVISORS LLC

FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

750 THIRD AVENUE, 22ND FL NEW YORK, NY 10017 Mailing Address

750 THIRD AVENUE, 22ND FL NEW YORK, NY 10017



03162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-3703372 Applied For Not Applicable

5. Certificate of Status Desired

4/26/04

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

SIGNATURE:

## 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 title if applicable (NOTE Registered Agent signature required when reinstaling) DATE			DATE
Filing Fee is \$50.00 Due by May 1, 2004 U00000 45624			U00000145624 IS/03/04-80033-019 55_00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR BSI AG VIA MAGATTI, NO. 2 LUGANO, SWITZERLAND, NA 6900		
TITLE NAME STREET ADDRESS CITY -ST - ZIP	MGR GADEN, YVES 750 THIRD AVENUE NY, NY 10017		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY: ST-ZIP			
11. Thereby certify that the information supplied with this filling 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 quesand 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

RINTED MANE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE