


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000000024 1. Entity Name BOUNTY BAY LLC	
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Principal Place of Business 8550 NW 17TH STREET, SUITE 100 MIAMI, FL 33126	Mailing Address 8550 NW 17TH STREET, SUITE 100 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0955723	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 SIGURD JENSEN CO 95 MERRICK WAY, SUITE 518 CORAL GABLES, FL 33134

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 8, 2004**

000000155220
05/05/04-80069-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOUNTY GROUP HOLDING LLC 8550 NW 17TH STREET, SUITE 110 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *[Signature]* **IROND S. JENSEN for Sigurd Jensen Co** 4-24-04 305-987-8464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #