2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# L00000015577

Entity Name: DILIGENCE-BDA, L.L.C.

Current Principal Place of Business:

BRICKELL BAYVIEW
80 SW 8TH STREET, SUITE 2000
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

BRICKELL BAYVIEW
80 SW 8TH STREET, SUITE 2000
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-1063742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADAMS, PHILIP B PRES.
80 SW 8TH STREET
STE 2000
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	ADAMS, PHILIP B	
Address:	1200 ANASTASIA AVENUE STE 213	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	BAKER, MIKE	
Address:	1275 PENNSYLVANIE AVE NW 10TH FL	
City-St-Zip:	WASHINGTON, DC 20004	
Title:	MGRM	( ) Delete
Name:	DAY, NICK	
Address:	46-48 JAMES STREET	
City-St-Zip:	LONDON, UK W1U1EZ	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: MIKE BAKER MGRM 01/09/2004

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