


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90002 044 \*\*\*\*50.00

<b>DOCUMENT # L01000007611</b>					
<b>1. Entity Name</b> <b>BGR DEVELOPMENT, LLC</b>					
<b>Principal Place of Business</b> 4647 NW 111TH COURT DORAL MEADOWS, FL 33178			<b>Mailing Address</b> 4647 NW 111TH COURT DORAL MEADOWS, FL 33178		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>65-1132476</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>BARONN, CESAR</b> <b>4647 NW 111 COURT</b> <b>MIAMI, FL 32178</b>			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARON, CESAR G 4647 NW 111 COURT MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARON - GALLARDO, CESAR 4647 NW 111 CT MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARON, CESAR R 4647 NW 111 COURT MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARON - RAMIREZ, CESAR 4647 NW 111 CT MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARON, LINA 4647 NW 111 COURT MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lina Baron</i>			Date: <i>01/25/04</i> Phone: <i>305-463-7158</i>		

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