
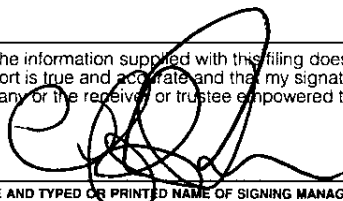


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90083 008 ****50.00

DOCUMENT # L01000021898					
1. Entity Name BCD, LLC					
Principal Place of Business 2333 BRICKELL AVE STE D-1 MIAMI FL 33129			Mailing Address 2333 BRICKELL AVE STE D-1 MIAMI FL 33129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1618226	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID, MARY ANN Y ESQ. 2333 BRICKELL AVENUE SUITE D-1 MIAMI FL 33129			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, CLIFFORD D 2333 BRICKELL AVE STE D-1 MIAMI FL 33129				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 				
<input type="checkbox"/> Delete					
10. ADDITIONS/CHANGES					
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"/> Change <input type="checkbox"/> Addition					
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"/> Change <input type="checkbox"/> Addition					
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:  Clifford D. Rosen 4/19/04 305.859.4900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					