


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90023 036 ****50.00

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|--|--|--|---|--|--|
| DOCUMENT # L02000000830 1. Entity Name BCOM-CLUB, LLC | | | |  | |
| Principal Place of Business 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131 | | | Mailing Address 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131 | | |
| 2. Principal Place of Business 1200 Brickell Ave Suite, Apt. #, etc. S. 1720 | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State MIAMI, FL | | City & State | | 4. FEI Number 01-0574303 | |
| Zip 33131 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PALACHI, ASLAN 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave, S. 1720 City MIAMI FL Zip Code 33131 | | |
| 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 <u>ASLAN PALACHI</u> DATE <u>4-15-05</u> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete BCOM, INC. SUITE 650, 1201 BRICKELL AVENUE MIAMI, FL 33131 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 1200 BRICKELL AVE, S. 1720 MIAMI, FL 33131 | |
| 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 | |
| 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 | |
| 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: <u>ASLAN PALACHI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>4-15-05</u> Daytime Phone # <u>305-375-0090</u> | | |