


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90077 001 ****50.00

DOCUMENT # L02000000830					
1. Entity Name BCOM-CLUB, LLC					
Principal Place of Business 1201 BRICKELL AVE., STE. 1720 MIAMI, FL 33131			Mailing Address 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address 1200 BRICKELL AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 1720			
City & State		City & State MIAMI, FL		4. FEI Number 01-0574303	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33131		33131		03182006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PALACHI, ASLAN 1200 BRICKELL AVE., STE. 1720 MIAMI, FL 33131			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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM : BCOM, INC. 1200 BRICKELL AVENUE, STE. 1720 MIAMI, FL 33131	<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"/> Change <input type="checkbox"/> Addition			
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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 exemptions contained in Chapter 119, 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:		ASLAN PALACHI		04-01-06 305-375-0090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	