2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L02000025421

Entity Name: BCG PARTNERS L.L.C.

Current Principal Place of Business:

150 WEST FLAGLER STREET STE. 2200
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

150 WEST FLAGLER STREET STE. 2200
MIAMI, FL 33130

New Mailing Address:

C/O 8290 NW 66 STREET
MIAMI, FL 33166

FEI Number: 55-0799875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FREED, OWEN S
150 WEST FLAGLER STREET STE. 2200
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/MANAGERS:

Title:	V	( ) Delete
Name:	BIOCCHI, FRANCO JR	
Address:	781 CRANDON BOULEVARD UNIT 801	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	PT	( ) Delete
Name:	GUARDAZZI, FERNANDO	
Address:	781 CRANDON BLVD. 701	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	S	( ) Delete
Name:	FREED, OWEN	
Address:	150 WEST FLAGLER STREET, SUITE 2200	
City-St-Zip:	MIAMI, FL 33161	

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 exemption stated in Chapter 119, 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: FRANCO BIOCCHI JR. V 02/25/2009

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