2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 03, 2005 08:00 AM Secretary of State DOCUMENT # L02000032682 1. Entity Name BCR, LC Principal Place of Business Mailing Address 18975 SW 256 STREET HOMESTEAD, FL 33031 18975 SW 256 STREET HOMESTEAD, FL 33031 01182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1792974 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARK E. FRIED PROFESSIONAL ASSOCIATION 1110 BRICKELL AVENUE 700 IN THIS SPACE MIAMI, FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE U00000250306 DELGADO, MANFRED NAME 03/04/05-80005-023 50.00 18975 SW 256 STREET STREET ADDRESS HOMESTEAD, FL 33031 CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Fiorida 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: SIGNATURE AND 'O

IR PRINTED NAME OF SIGNING MARKEING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dale

Daytime Phone #