2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90030 007 ****50.00

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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

03152006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
6234 SW 165 Ave	6234 SW 165 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33193 Country: USA	Zip: 33193 Country: USA

4. FEI Number: 20-1792974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARK E. FRIED PROFESSIONAL ASSOCIATION
1110 BRICKELL AVENUE
700
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Renaldy J. Gutierrez

Street Address (P.O. Box Number is Not Acceptable): 601 Brickell Key Dr. Suite 201

City: Miami **FL** Zip Code: 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR DELGADO, MANFRED 18975 SW 256 STREET HOMESTEAD, FL 33031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delgado,Manfred 6234 SW 165 Ave Miami, Fl 33193	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Carmen Villalobos 6234 SW 165 Ave Miami, Fl 33193	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Manfred Delgado 4-18-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #