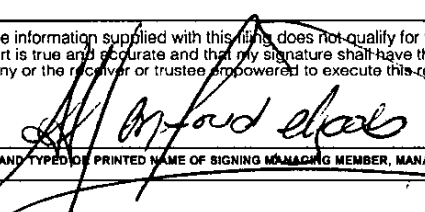


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90030 007 ****50.00

DOCUMENT # L02000032682 1. Entity Name BCR, LC					
Principal Place of Business 18975 SW 256 STREET HOMESTEAD, FL 33031			Mailing Address 18975 SW 256 STREET HOMESTEAD, FL 33031		
2. Principal Place of Business 6234 SW 165 Ave Suite, Apt. #, etc.		3. Mailing Address 6234 SW 165 Ave Suite, Apt. #, etc.			
City & State Miami, Fl		City & State Miami, Fl		4. FEI Number 20-1792974	
Zip 33193		Country USA		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 _____ (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	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
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	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: 			4-18-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		