



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90023 037 ****50.00

DOCUMENT # L03000004968 1. Entity Name BCOM-PLAZA, LLC					
Principal Place of Business 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131			Mailing Address 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131		
2. Principal Place of Business 1200 BRICKELL AVE Suite, Apt. #, etc. S. 1720		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State 		4. FEI Number 76-0724332	
Zip 33131		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PALACHI, ASLAN 1201 BRICKELL AVE., STE. 650 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE, S. 1720 City MIAMI FL Zip Code 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 <u><i>Aslan Palachi</i></u> ASLAN PALACHI <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 04-15-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALACHI, ASLAN 1201 BRICKELL AVE STE 650 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 Brickell Ave, Suite 1720 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUMANN, MICHAEL 1201 BRICKELL AVE STE 650 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 Brickell Ave, Suite 1720 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOUSER, FRANK 524 STOCKTON ST JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SESSIONS, ANTHONY 145 E 1ST STREET JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		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)(i), 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: <u><i>Aslan Palachi</i></u> ASLAN PALACHI				Date 4-15-05 Daytime Phone # 305-375-0090	