

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90077 002 \*\*\*\*50.00

**DOCUMENT # L03000004968**

1. Entity Name  
**BCOM-PLAZA, LLC**



Principal Place of Business  
**1200 BRICKELL AVE  
MIAMI, FL 33131**

Mailing Address  
**1201 BRICKELL AVE., STE. 650  
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**STE 1720**

Suite, Apt. #, etc.  
**STE 1720**

City & State

City & State

Zip

Country

Zip

Country

03182006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**76-0724332**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALACHI, ASLAN  
1200 BRICKELL AVE  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **PALACHI, ASLAN**

Street Address (P.O. Box Number is Not Acceptable)

**1200 BRICKELL AVE, STE 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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **MGR** ☐ Delete  
NAME **PALACHI, ASLAN**  
STREET ADDRESS **1200 BRICKELL AVE, SUITE 1720**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete  
NAME **BAUMANN, MICHAEL**  
STREET ADDRESS **1200 BRICKELL AVE, SUITE 1720**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Palachi*

**ASLAN PALACHI**

**04-01-06**

**305-375-0090**