


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025774

1. Entity Name
BC VILLAGIO LLC



FILED
04 MAY 25 AM 11:08
Yes
STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
5779 NW 151ST ST
MIAMI LAKES, FL 33015

Mailing Address
5779 NW 151ST ST
MIAMI LAKES, FL 33015



2. Principal Place of Business
14160 Palmetto Frontage Rd
Suite, Apt. #, etc.
21

3. Mailing Address
14160 Palmetto Frontage Rd
Suite, Apt. #, etc.
21

03262004 Chg-LLC CR2E083 (10/03) 5/25

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip Country
33016

Zip Country
33016

4. FEI Number Applied For
 Not Applicable

<p>6. Name and Address of Current Registered Agent</p> <p>CAPARROS, MARTIN JR 5779 NW 151ST ST MIAMI LAKES, FL 33015</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City FL Zip Code</p>
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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 _____

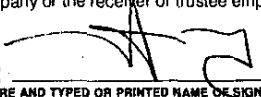
Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPARROS, MARTIN JR 5779 NW 151ST ST MIAMI LAKES, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2901 SW 8TH ST, STE 204 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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:  Martin Caparros 4/28

Date: 4/28 Daytime Phone #