2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025774

1. Entity Name
BC VILLAGIO LLC

FILED
04 MAY 25 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

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

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

2. Principal Place of Business	3. Mailing Address
14160 Palmetto Frontage Rd	14160 Palmetto Frontage Rd.
Suite, Apt. #, etc.: 21	Suite, Apt. #, etc.: 21
City & State: Miami Lakes, Fl	City & State: Miami Lakes, Fl
Zip: 33016 Country:	Zip: 33016 Country:

4. FEI Number: ☐ Applied For ☑ Not Applicable

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

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

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, 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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, Fl. 33016 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2901 SW 8TH ST, STE 204 MIAMI, FL 33135 ☐ 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 300037034093 05/24/04--01024--002 **1406.25
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	☐ Change ☐ Addition

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 5/20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #