

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027883

FILED
Apr 13, 2004
Secretary of State

Entity Name: 1532 HOLDINGS, L.C.

Current Principal Place of Business:

2915 BISCAYNE BOULEVARD
SUITE 304
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2915 BISCAYNE BOULEVARD
SUITE 304
MIAMI, FL 33137

New Mailing Address:

FEI Number: 51-0497908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAIRD, JUD
2915 BISCAYNE BOULEVARD
SUITE 304
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LINDEMANN, GEORGE JR.
Address: 2915 BISCAYNE BOULEVARD, SUITE 304
City-St-Zip: MIAMI, FL 33137

Title: MGR () Delete
Name: LAIRD, JUD
Address: 2915 BISCAYNE BOULEVARD, SUITE 304
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: BC PROPERTY INVESTME, NTS, L.C.
Address: 2915 BISCAYNE BOULEVARD, SUITE 304
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUD LAIRD

MGR

04/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date