
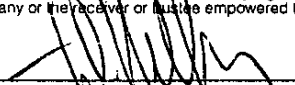


FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90021 037 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028618					
1. Entity Name BV401 LLC					
Principal Place of Business C/O MOSS ADAMS LLP 11766 WILSHIRE BLVD., SUITE 900 LOS ANGELES, CA 90025			Mailing Address C/O MOSS ADAMS LLP 11766 WILSHIRE BLVD., SUITE 900 LOS ANGELES, CA 90025		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number NOT APPLICABLE				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
6. 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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, JOHN H		NAME	TRUSTEES OF THE DAVID E. KELLEY REVOCABLE TRUST	
STREET ADDRESS	236 HIDDEN BAY #401		STREET ADDRESS	C/O MOSS ADAMS LLP	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	11766 WILSHIRE BLVD., #900 LOS ANGELES, CA 90025	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, VIRGINIA H		NAME		
STREET ADDRESS	236 HIDDEN BAY #401		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, MARK W		NAME		
STREET ADDRESS	331 LEEWARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 2/25/05		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

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02152005 Chg-LLC CR2E083 (10/03)