

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90072 029 \*\*\*\*50.00

<b>DOCUMENT # L03000032504</b> 1. Entity Name <b>BGF VENTURES, LLC</b>					
Principal Place of Business <b>3471 N. FEDERAL HIGHWAY, SUITE 310 FORT LAUDERDALE, FL 33306</b>			Mailing Address <b>3471 N. FEDERAL HIGHWAY, SUITE 310 FORT LAUDERDALE, FL 33306</b>		
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 <div style="font-size: 1.2em; font-weight: bold;">20-0192709</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSO, LLOYD		NAME		
STREET ADDRESS	3471 N. FEDERAL HIGHWAY, SUITE 310		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROSS, DANIEL		NAME		
STREET ADDRESS	3471 N. FEDERAL HIGHWAY, SUITE 310		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIED, STEVEN		NAME		
STREET ADDRESS	3471 N. FEDERAL HIGHWAY, SUITE 310		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		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.					
<b>SIGNATURE:</b>			Date <span style="font-size: 1.2em; font-weight: bold;">4/27/04</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					