


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90427 038 \*\*\*150.00

<b>DOCUMENT # L03000034665</b> 1. Entity Name BS REAL ESTATE, LLC	
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Principal Place of Business 1930 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 US	Mailing Address 1930 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 US
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20026563



03212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0319004	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  SACKTER, RICHARD 1930 N. FEDERAL HIGHWAY BOCA RATON, FL 33432
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SACKTER, RICHARD J 6727 ROYAL ORCHID CIRCLE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRICE, RUSSELL 6554 WHISPERING WIND WAY DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:**  **R. J. SACKTER** **3/28/05** **561-368-4496**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #