2(26 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034665

1. Entity Name BS REAL ESTATE, LLC



FILED Feb 01, 2006 08:00 AN Secretary of State

Principal Place of Business

1930 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 US Mailing Address

1930 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 US



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0319004

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SACKTER, RICHARD 1930 N. FEDERAL HIGHWAY BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 family	ar 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, 2006 U000000413727 U2/11/06-80007-017 50.00

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

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JAN 15 2006

861-368-4496

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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