


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045087	
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1. Entity Name
BC VILLA DEL SOL, LLC

Principal Place of Business
5779 NW 151ST ST.
MIAMI LAKES, FL 33014

Mailing Address
5779 NW 151ST ST.
MIAMI LAKES, FL 33014

FILED

04 MAY 25 AM 11:08

yes
FLORIDA STATE
ALLAHACSEE FLORIDA

MJH



2. Principal Place of Business 14160 Palmetto Frontage Rd Suite, Apt. #, etc. 21		3. Mailing Address 14160 Palmetto Frontage Rd Suite, Apt. #, etc. 21	
City & State Miami Lakes, FL		City & State Miami Lakes, FL	
Zip 33016	Country	Zip 33016	Country

03282004 Chg-LLC CR2E083 (10/03) 5/25

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOSCHETTI, JOSE R 2901 SW 8 ST, STE 204 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPARROS, MARTIN JR. 5779 NW 151ST ST. MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Caparos, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2901 SW 8 ST, STE 204 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300037033913 05/24/04--01024--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Martin Caparos 4/30
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #