

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BK*



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|--|---------------------------------|--|---|--|--|
| <b>DOCUMENT # L03000056380</b>   |                                 |  |   |  |  |
| <b>1. Entity Name</b><br>BGI HOLDINGS, LLC   |                                 |  |   |  |  |
| <b>Principal Place of Business</b><br>440 PHIPPEN-WAITERS RD<br>DANIA BEACH, FL 33004  |                                 |  | <b>Mailing Address</b><br>440 PHIPPEN-WAITERS RD<br>DANIA BEACH, FL 33004   |  |  |
| <b>2. Principal Place of Business</b><br>206 W ORANGE ST<br>Suite, Apt. #, etc.<br>DAVENPORT, FL<br>City & State   |                                 | <b>3. Mailing Address</b><br>5300 W 16 AVE<br>Suite, Apt. #, etc.<br>HIALEAH, FL<br>City & State |   | 03302004    Chg-LLC    CR2E083 (10/03)                                       |  |
| Zip 33837    Country USA   |                                 | Zip 33012    Country USA   |   | <b>4. FEI Number</b><br>20-0532196   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required  |                                 |  |   | Applied For<br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CORPDIRECT AGENTS, INC.<br>103 N MERIDIAN ST., LOWER LEVEL<br>TALLAHASSEE, FL 32301  |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>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.</b>   |                                 |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |                                 |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>  |                                 | <b>Make check payable to<br/>Florida Department of State</b>                                     |   |  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |                                 |  | <b>10. ADDITIONS / CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
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| <b>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> |                                 |  |   |  |  |
| <b>SIGNATURE:</b> _____  |                                 |  | Date <u>4/15/04</u> Daytime Phone # _____   |  |  |