

Sent By: MSC;

111-2222;

FILED
Jul 22, 2005 8:00 am
Secretary of State

5/6/2

05-06-2005 90027 009 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

30010249

DOCUMENT # L04000009881			
1. Entity Name BSJ, LLC			
Principal Place of Business 16 LAUREL DRIVE GREAT NECK, NY 11021		Mailing Address 16 LAUREL DRIVE GREAT NECK, NY 11021	
3. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SEVERSON, JOHN M. 1400 CENTRE PARK BLVD., SUITE 800 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent	
Name		Name	
Street Address / P.O. Box Number / Mail Forwarding		Street Address / P.O. Box Number / Mail Forwarding	
City		City	
FL		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		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR JACOBSON, BERNICE 18 LAUREL DRIVE GREAT NECK, NY 11021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR JACOBSON, BERNICE 90 JFI 152 N. 57th ST, 56th FLOOR NEW YORK, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 609, Florida Statutes.			
SIGNATURE: <i>J. Peter Arnold</i>		DATE: 4/29/05 212-884-8904	
IDENTIFY AND TYPE OR PRINTED NAME OF SIGNER AS SAVING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

ATTACHMENT
#L04000009881

BSJ, LLC 30010249
c/o JFI, Inc.

Carnegie Hall Tower
152 West 57th Street, 56th Floor
New York, NY 10019

July 18, 2005

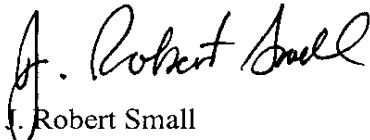
Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

To Whom It May Concern:

Per your enclosed request dated May 16, 2005, we have completed Block 4 indicating that we have applied for a Federal Employer Identification (FEI). As you are aware, the \$50 registration fee has already been paid. Please note that the address for BSJ, LLC has changed as indicated above. All future correspondence should be directed to this address.

If you have any questions, please feel free to contact me at 212-884-8808. Thank you for your assistance.

Sincerely,



J. Robert Small
Authorized Representative

Enclosures