


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90056 017 \*\*\*\*50.00

<b>DOCUMENT # L04000027761</b>	
<b>1. Entity Name</b> BCH PROPERTIES, LLC	

<b>Principal Place of Business</b> 6831 SOUTHWEST 108TH COURT MIAMI, FL 33173	<b>Mailing Address</b> 6831 SOUTHWEST 108TH COURT MIAMI, FL 33173
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01032005 Chg-LLC CR2E083 (10/03)

<b>6. Name and Address of Current Registered Agent</b>
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

<b>4. FEI Number</b> 03-0541662	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
--	---------------------------------------

<b>7. Name and Address of New Registered Agent</b>
Name: Dolores D. Barreto
Street Address (P.O. Box Number is Not Acceptable): 6831 S.W. 108 Ct.
City: Miami FL Zip Code: 33173

<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: <i>Dolores D. Barreto</i> <i>Dolores D. Barreto</i> 1/5/05

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOGAN, ROBERT 6831 SOUTHWEST 108TH COURT MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9814 S.W. 115 Ct. Miami, Fla 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAIG, ROBERT S 6831 SOUTHWEST 108TH COURT MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2386 Island Cove Rd. Palm Beach Gardens, Fla 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRETO, DOLORES 6831 SOUTHWEST 108TH COURT MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

<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> <i>Dolores D. Barreto</i> <i>Secretary</i> 1/5/05 305-274-5126	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b> <i>Dolores D. Barreto</i>