2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/9/2005 90115-012 $50.00-$50.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

05 OCT -7 AM 10: 04

08302005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000053929

1. Entity Name
BC CORAL CLUB 293, LLC

Principal Place of Business	Mailing Address
2901 SW 8 STREET SUITE 204 MIAMI, FL 33135	2901 SW 8 STREET SUITE 204 MIAMI, FL 33135

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

4. FEI Number 20-1388251 ☐ 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 STREET SUITE 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

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 ______________________
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 September 7, 2005

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. 14160 PALMETTO FRONTAGE ROAD SUITE 21 MIAMI LAKES, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2901 SW 8 STREET SUITE 204 MIAMI, FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ______________________ 9/7 305-827-5265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #