

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000060551

Entity Name: BGG VENTURES, LLC

FILED  
May 22, 2006  
Secretary of State

## Current Principal Place of Business:

2999 NE 191 STREET FIFTH FLOOR  
AVENTURE, FL 33180

## New Principal Place of Business:

2999 NE 191 STREET FIFTH FLOOR  
AVENTURA, FL 33180

## Current Mailing Address:

2999 NE 191 STREET FIFTH FLOOR  
AVENTURE, FL 33180

## New Mailing Address:

2999 NE 191 STREET FIFTH FLOOR  
AVENTURA, FL 33180

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUTT, IRA  
2999 NE 191 STREET FIFTH FLOOR  
AVENTURE, FL 33180 US

## Name and Address of New Registered Agent:

GUTT, IRA  
2999 NE 191 STREET FIFTH FLOOR  
AVENTURA, FL 33180 US

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.

SIGNATURE: IRA GUTT

05/22/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GLASSER, DAVID L  
Address: 2999 NE 191 STREET FIFTH FLOOR  
City-St-Zip: AVENTURE, FL 33180

Title: MGRM ( ) Delete  
Name: GUTT, IRA  
Address: 2999 NE 191 STREET FIFTH FLOOR  
City-St-Zip: AVENTURE, FL 33180

Title: MGRM ( ) Delete  
Name: BEHAR, BRAIN S  
Address: 2999 NE 191 STREET FIFTH FLOOR  
City-St-Zip: AVENTURE, FL 33180

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GLAZER, DAVID L  
Address: 2999 NE 191 STREET FIFTH FLOOR  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change ( ) Addition  
Name: GUTT, IRA  
Address: 2999 NE 191 STREET FIFTH FLOOR  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change ( ) Addition  
Name: BEHAR, BRAIN S  
Address: 2999 NE 191 STREET FIFTH FLOOR  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IRA GUTT

MGRM

05/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date