2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078465

Entity Name: B.C.R, LLC

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

SORRANO, GLADYS ELENA

4315 FOXTAIL LANE

WESTON, FL 33331

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4567 N. PINE ISLAND ROAD SUITE 2-A SUNRISE, FL 33351 **New Mailing Address: Current Mailing Address:** 4567 N. PINE ISLAND ROAD SUITE 2-A SUNRISE, FL 33351 US FEI Number: 20-1808899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MYOS FINANCIAL GROUP, INC 2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition VILLAMIZAR, RUTH PARRA, JORGE Name: Name: 4069 CARAMBOLA CIRCLE NORTH Address: 4315 FOXTAIL LANE Address: COCONUT CREEK, FL 33066 US City-St-Zip: WESTON, FL 33331 US City-St-Zip: Title: MGRM Title: () Delete () Change () Addition ALVARADO, MARIA CONSUELO Name: Name: Address: 4393 MAGNOLIA RIDGE DR. Address: City-St-Zip: WESTON, FL 33331 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MEJIA, BEATRIZ H Name: Name: Address: 18610 SW 39TH STREET Address: City-St-Zip: MIRAMAR, FL 33029 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PLATA, MARIA DEL ROSA Name: 16412 SAPPHIRE BEND Address: Address: City-St-Zip: WESTON, FL 33331 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

MGRM

VILLAMIZAR, RUTH

(X) Change () Addition

4069 CARAMBOLA CIRCLE NORTH

COCONUT CREEK, FL 33066

SIGNATURE: JORGE M. PARRA MGR 04/28/2005