
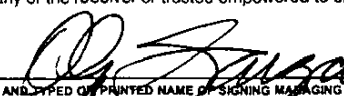


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90012 032 \*\*\*150.00

<b>DOCUMENT # L04000092234</b>					
<b>1. Entity Name</b> BNA VENTURES LLC					
<b>Principal Place of Business</b> 1492 S. MIAMI AVE. SUITE 203 MIAMI, FL 33130			<b>Mailing Address</b> 1492 S. MIAMI AVE. SUITE 203 MIAMI, FL 33130		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1492 So Miami Ave Suite, Apt. #, etc.			
<b>City &amp; State</b>  City: <u>MIAMI</u> , <u>Florida</u>		<b>City &amp; State</b> City: <u>MIAMI</u> , <u>Florida</u>		<b>4. FEI Number</b> 20-2228424	
<b>Zip</b> 33130		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SAIZARBITORIA, OLGA 1492 S. MIAMI AVE. SUITE 203 MIAMI, FL 33130			<b>7. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:		
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAIZARBITORIA, OLGA 1492 S. MIAMI AVE. SUITE 203 MIAMI, FL 33130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAIZARBITORIA, INAKI 1492 S. MIAMI AVE. SUITE 203 MIAMI, FL 33130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAIZARBITORIA, INAKI 1492 S. MIAMI AVE. SUITE 203 MIAMI, FL 33130	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAIZARBITORIA, INAKI 1492 S. MIAMI AVE. SUITE 203 MIAMI, FL 33130	<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> 				Date: <u>5/22/08</u> 305 962-9007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					