

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000046569

**FILED**  
**Aug 03, 2007**  
**Secretary of State**

**Entity Name:** BC GROUP OF CORAL GABLES, LLC

**Current Principal Place of Business:**

101 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3000 SHIPPING AVENUE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 05-0622406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BAYER, NEIL ESQ  
3000 SHIPPING AVENUE  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ONUR, BOGACH MGRM  
Address: 101 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Delete  
Name: ONUR, CEM MGRM  
Address: 101 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ONUR, CEM MGRM  
Address: 101 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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:** CEM ONUR

MGMR

08/03/2007

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