
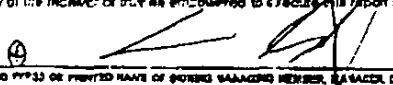


FILED
Jun 07, 2007 8:00 am
Secretary of State

**2007 LIMITED LIABILITY COMPANY,
 ANNUAL REPORT**

5/

05-07-2007 90373 032 ****50.00

DOCUMENT # L05000030404			
1. Entity Name BSD550, LLC			
Principal Place of Business 353 WEST 47TH STREET 7E MIAMI BEACH, FL 33140 US		Mailing Address 353 WEST 47TH STREET 7E MIAMI BEACH, FL 33140 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 203356404		APPLIED FOR <input type="checkbox"/> ADD'D For <input type="checkbox"/> NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOOT, MOSHE 353 WEST 47TH STREET 7E MIAMI BEACH, FL 33140		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits the 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		DATE	
Filing Fee is \$50.00 Due By May 1, 2007		Money check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	KOOT, MOSHE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	353 WEST 47TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
<input type="checkbox"/> Delete	MGRM AARON, KOOT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	353 WEST 47TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 in 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 of the member or true as empowered to execute this report as required by Chapter 609, Florida Statutes.			
SIGNATURE: 		DATE	
SIGNATURE AND PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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