FILED
Jun 27, 2006 8:00 am
Secretary of State
05-04-2006 90024 004 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111319

1. Entity Name
BCR LEGENDS, LLC

30011280

Principal Place of Business	Mailing Address
7273 N.W. 116TH LANE PARKLAND, FL 33076	7273 N.W. 116TH LANE PARKLAND, FL 33076

03192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2190231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVITAN, BRADD 7273 N.W. 116TH LANE PARKLAND, FL 33076	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when submitting)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing member BRADD LEVITAN 7273 NW 116 TH LN PARKLAND FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing membe Partner Treasurer / President	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member CHARLES ROSENBERG 11111 BISCAYNE BLVD MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member / partner Vice president	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member RYAN ROSENBERG 1564 NE QUAYSIDE TERR MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member / partner Vice president	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: _____ 4/24/06 (954) 777-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT 30011280

#L05000111319

Not sure what I am missing on this one as I did list the title/. Please advise of any issue/. Thanks,

BRAD