

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90433 038 \*\*\*\*50.00

DOCUMENT # L06000025356		
1. Entity Name B.C.F.G. INVESTORS GROUP, LLC		

Principal Place of Business 42 WORTH ROAD WILTON NY 12831	Mailing Address 42 WORTH ROAD WILTON NY 12831
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 240 FIFTH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 606	
City & State		City & State NEW YORK, NY	
Zip	Country	Zip	Country
		10001	U.S.A.

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent  BENAIM, EDUARDO 155 OCEAN LANE DRIVE, APT. 500 KEY BISCAINE FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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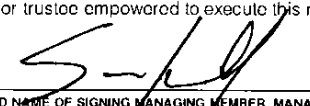
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FUHRMANN, ISAAC 73 WORTH STREET, 3-C NEW YORK NY 10013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  03/16/07 (212) 213.9171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #