


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90197 026 ****55.00

DOCUMENT # L06000120146	
1. Entity Name BICHACHI COUSINS, LLC	

Principal Place of Business 9375 PARK DRIVE SUITE 1 MIAMI SHORES, FL 33138	Mailing Address 9375 PARK DRIVE SUITE 1 MIAMI SHORES, FL 33138
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8119717	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMUKLER, FORTUNA 9375 PARK DRIVE SUITE 1 MIAMI SHORES, FL 33138	
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7. Name and Address of New Registered Agent

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BICHACHI, ISRAEL 9375 PARK DRIVE, SUITE 1 MIAMI SHORES, FL 33138 <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	MGR SMUKLER, FORTUNA 9375 PARK DRIVE, SUITE 1 MIAMI SHORES, FL 33138 <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 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.

SIGNATURE <i>Fortuna Smukler Fortuna Smukler</i>	Date <i>02-13-07</i>	Daytime Phone # <i>305-759-5404</i>
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