

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012889

Entity Name: BZ & C GROUP 4, LLC

FILED
Jul 10, 2008
Secretary of State

Current Principal Place of Business:

112 NE 41 STREET
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

112 NE 41 STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COLLETTI, JOSEPH R
4770 BISCAYNE BLVD., SUITE 630
MIAMI, FL 33137 US

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: BEN-ZION, AMIR
Address: 5700 COLLINS AVENUE, PH A
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: NITZAN, ZIVA
Address: 4779 COLLINS AVENUE, #3205
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: CYMBAL, ASI
Address: 112 NE 41 STREET
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

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

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

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: AMIR BENZION

MGRM

07/10/2008

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