2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L07000067401

Entity Name: BG CAPITAL BARI HOLDINGS, LLC

Current Principal Place of Business:

888 E. LAS OLAS BLVD., SUITE 201
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

1250 SOUTH PINE ISLAND RD
5TH FLOOR
PLANTATION, FL 33324

Current Mailing Address:

888 E. LAS OLAS BLVD., SUITE 201
FT. LAUDERDALE, FL 33301

New Mailing Address:

1250 SOUTH PINE ISLAND RD
5TH FLOOR
PLANTATION, FL 33324

FEI Number: 77-0691759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOBCZAK, GARY
BG CAPITAL MGMT. CORP.
888 E. LAS OLAS BLVD., SUITE 201
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

SOBCZAK, GARY
1250 SOUTH PINE ISLAND RD
5TH FLOOR
PLANTATION, FL 33324 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: GARY SOBCZAK 02/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BG CAPITAL MANAGEMEN, T CORP.
Address: 888 E. LAS OLAS BLVD., SUITE 201
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BG CAPITAL MANAGEMEN, T CORP.
Address: 1250 SOUTH PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33324

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: MARCO MARKIN MGRM 02/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date