

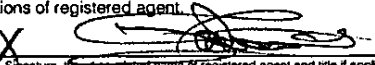



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90201 005 ****50.00

DOCUMENT # L94000000049					
1. Entity Name BGF REPRESENTACIONES TURISTICAS, L.C.					
Principal Place of Business 3050 N. BISCAYNE BLVD., SUITE 2609 MIAMI, FL 33132			Mailing Address 3050 N. BISCAYNE BLVD., SUITE 2609 MIAMI, FL 33132		
2. Principal Place of Business 100 N BISCAYNE BLVD Suite, Apt. #, etc. #3050		3. Mailing Address 100 N BISCAYNE BLVD. Suite, Apt. #, etc. #3050			
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 03152006 Chg-LLC CR2E083 (11/05) 65-0464278	
Zip 33132		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WISNIACKI, FABIAN 1915 BRICKELL AVE. C-402 MIAMI, FL 33149			7. Name and Address of New Registered Agent Name WISNIACKI, FABIAN Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BLVD. #3050 City MIAMI, FL Zip Code 33132		
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 		FABIAN WISNIACKI		3/15/06	
Filing Fee is \$50.00 Due by May 1, 2006		(NOTE: Registered Agent signature required when reinstating)		DATE	
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	MGR WISNIACKI, FABIAN 1915 BRICKELL AVE., C-402 MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISNIACKI, FABIAN 100 N. BISCAYNE BLVD. #3050 MIAMI, FL. 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
SIGNATURE: X 		FABIAN WISNIACKI, MGR		03/15/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	