


Apr 30 04 10:29a

Wendy Grogan

908-852-3553

p. 1

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000453		
1. Entity Name BCK2 ASSOCIATES, LLC		
Principal Place of Business 345 PARK AVENUE C/O BETH RUDIN DEWOODY NEW YORK, NY 10154		Mailing Address 345 PARK AVENUE C/O BETH RUDIN DEWOODY NEW YORK, NY 10154
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 constituting) Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEWOODY, BETH RUDIN 345 PARK AVENUE NEW YORK, NY 10154	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date: 4/30/04 Daytime Phone: _____