

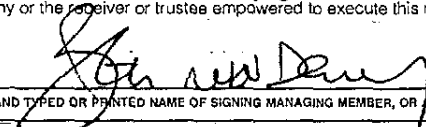


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2005 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		 07112005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 13-4111309	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005			
9. MANAGING MEMBERS/MANAGERS		<div style="text-align: right; margin-bottom: 20px;">U00000374350 07/25/05-80005-014 50.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	MGRM		
NAME	DEWOODY, BETH RUDIN		
STREET ADDRESS	345 PARK AVENUE		
CITY - ST - ZIP	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			
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: 		7/19/05	212-407-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #