## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

60 EAST 54TH STREET NEW YORK NY 10022

## DOCUMENT # M00000000693

1. Entity Name

**BD MIAMI BEACH LLC** 

Principal Place of Business

60 EAST 54TH STREET NEW YORK NY 10022

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip\_\_\_

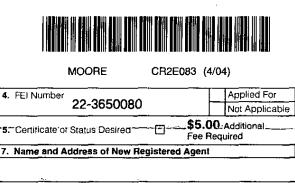


Country

FILED Aug 09, 2004 8:00 am Secretary of State

08-09-2004 90147 005 \*\*\*\*50.00

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\_Country.

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME BORN, RICHARD NAME STREET ADDRESS 60 EAST 54TH STREET STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP TITLE MGR □ Delete TITLE Change ■ Addition NAME DRUKIER, IRA NAME STREET ADDRESS 60 EAST 54TH STREET STREET ADDRESS NEW YORK NY 10022 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE