

2006

ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90413 007 ***150.00

DOCUMENT #M13000002790

1. Entity Name

BCOM REAL ESTATE FUND, LLC



Principal Place of Business

 1200 BRICKELL AVENUE
 SUITE 1720
 MIAMI, FL 33131

Mailing Address

 1201 BRICKELL AVENUE, SUITE 650
 MIAMI, FL 33131

JUUU0744



2. Principal Place of Business

3. Mailing Address

1200 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 1720

03182006

Chg-P

CR2E034 (11/05)

City & State

 City & State
 MIAMI, FL

4. FEI Number

20-0081368

Applied For

Not Applicable

Zip

Country

Zip

33131

Country

5. Certificate of Status Desired ☐
 \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 PALACHI, ASLAN
 1200 BRICKELL AVENUE, SUITE 1720
 MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

 9. Election Campaign Financing
 Trust Fund Contribution. ☐

 \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE MGRM ☐ Delete
 NAME BCOM INVESTMENT MANAGER, LLLP
 STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 1720
 CITY-ST-ZIP MIAMI, FL 33131

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
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 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASLAN PALACHI

Date

304-01-06

Daytime Phone #

305-375-0090