

2005

ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90110 027 ***150.00

DOCUMENT # M13000002790			
1. Entity Name BCOM REAL ESTATE FUND, LLC			
Principal Place of Business 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131		Mailing Address 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131	
2. Principal Place of Business 1200 BRICKELL AVE SUITE 1720 MIAMI, FL		3. Mailing Address SUITE, Apt. #, etc. City & State Zip 33131	
4. FEI Number 20-0081368		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALACHI, ASLAN 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave, S. 1720 City MIAMI FL Zip Code 33131	
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: <u>ASLAN PALACHI</u> DATE: <u>04-15-05</u> Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BCOM INVESTMENT MANAGER, LLLP 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 BRICKELL AVE, S. 1720 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: <u>ASLAN PALACHI</u>		DATE: <u>04-15-05</u> 305-375-0090	