

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003311

FILED
Apr 28, 2006
Secretary of State

Entity Name: BCJ DEVELOPMENT L.L.C.

Current Principal Place of Business:

20810 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20810 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

New Mailing Address:

FEI Number: 20-2144848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARS & ASSOCIATES INC.
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WORD, ROBERT
Address: 20810 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

Title: MGR () Delete
Name: JENNINGS, KEITH
Address: 20810 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

Title: MGR () Delete
Name: BULLOCK, STEVE
Address: 20810 WD HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT WORD

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date