


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

06-07-2006 90069 007 \*\*\*\*50.00

|  |   |                                 |  |   |  |
|--|---|---------------------------------|--|---|--|
| <b>DOCUMENT # M05000005365</b>   |   |                                 |  |    |  |
| 1. Entity Name<br>BC SOLUTIONS, LLC  |   |                                 |  |   |  |
| Principal Place of Business<br>4805 E. THISTLE LANDING DR., SUITE 110<br>PHOENIX, AZ 85044   |   |                                 | Mailing Address<br>4805 E. THISTLE LANDING DR., SUITE 110<br>PHOENIX, AZ 85044 |   |  |
| 2. Principal Place of Business   |   |                                 | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.  |   |  |
| City & State   |   |                                 | City & State   |   |  |
| Zip  | Country   | Zip                             | Country  | 4. FEI Number<br>30-0326478   |  |
|  |   |                                 |  | Applied For<br><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  |   |                                 |  | 7. Name and Address of New Registered Agent   |  |
| WRANOVICS, SONYA<br>12832 SW 2ND RD<br>NEWBERRY, FL 32669  |   |                                 |  | Name: <u>CARLEEN NARY</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><u>1906 Temalyn Ln</u><br>City: <u>TRINITY, FL</u> Zip Code: <u>34655-4936</u> |  |
| 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 _____ DATE _____<br><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<br>Due by May 1, 2006  |   |                                 | Make check payable to<br>Florida Department of State                           |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                                 |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DALY, CAROL A<br>4805 E. THISTLE LANDING DR., SUITE 110<br>PHOENIX, AZ 85044   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DALY, WILLIAM J<br>4805 E. THISTLE LANDING DR., SUITE 110<br>PHOENIX, AZ 85044 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 11. 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 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: <u>Carol A Daly</u>   |   |                                 |  | Date: <u>3/2/06</u> Daytime Phone #: <u>480 296 4427</u>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                                 |  |   |  |

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

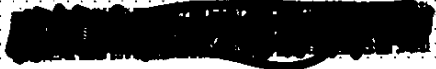
DOCUMENT # M05000005365

1. Entity Name  
BC SOLUTIONS, LLC



ATTACHMENT

20047119



Principal Place of Business  
4805 E. THISTLE LANDING DR., SUITE 110  
PHOENIX, AZ 85044

Existing Address  
4805 E. THISTLE LANDING DR., SUITE 110  
PHOENIX, AZ 85044

2. Principal Place of Business

3. Mailing Address

Subs, Apts., Bldg.

Subs, Apts., Bldg.

03022000 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
30-0326478

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VRANOVICS, GONNA  
12832 SW 3RD RD  
MIDDLEBURY, FL 32869

Name  
CARLEEN NARY

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

1906 Terralyn Ln

City  
TRINITY, FL

FL

Zip Code

34655-4936

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

*Carleen Nary* Carleen Nary

4/25/06

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
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4805 E. THISTLE LANDING DR., SUITE 110  
PHOENIX, AZ 85044

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CITY-ST-ZIP  
 Change  Addition

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11. I hereby certify that the information supplied with this filing does not comply for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information reported on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the receiver or trustee empowered to prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*William J. Daly*

3/2/06

480 296 4427

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

Date

Original Phone #