

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000070050

**Entity Name:** BCC WEST RESIDENTIAL LLC

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE, STE. 600  
MIAMI, FL 33131

**Current Mailing Address:**

501 BRICKELL KEY DRIVE, STE. 600  
MIAMI, FL 33131

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOLAND, GREGG E  
501 BRICKELL KEY DRIVE, STE. 600  
MIAMI, FL 33131 US

*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

**Authorized Person(s) Detail :**

Title CEO  
Name CUBBON, MARTIN  
Address 501 BRICKELL KEY DRIVE, STE. 600  
City-State-Zip: MIAMI FL 33131

Title PAS  
Name OWENS, STEPHEN L  
Address 501 BRICKELL KEY DRIVE, STE. 600  
City-State-Zip: MIAMI FL 33131

Title V  
Name KELLY, J. MEGAN  
Address 501 BRICKELL KEY DRIVE, STE. 600  
City-State-Zip: MIAMI FL 33131

Title V  
Name TOLAND, GREGG E  
Address 501 BRICKELL KEY DRIVE, STE. 600  
City-State-Zip: MIAMI FL 33131

Title V  
Name GANDOLFO, CHRIS  
Address 501 BRICKELL KEY DRIVE, STE. 600  
City-State-Zip: MIAMI FL 33131

Title AS  
Name MCMAN, BEVERLEY  
Address 501 BRICKELL KEY DRIVE, STE. 600  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN L. OWENS

02/25/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date