

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000004761

**FILED**  
**Jan 06, 2004**  
**Secretary of State**

**Entity Name:** BC3I, L.L.C.

**Current Principal Place of Business:**

981 RIDGEWOOD AVENUE, SUITE 105  
VENICE, FL 34292

**New Principal Place of Business:**

981 RIDGEWOOD AVENUE, SUITE 105  
VENICE, FL 34285 US

**Current Mailing Address:**

981 RIDGEWOOD AVENUE, SUITE 105  
VENICE, FL 34292

**New Mailing Address:**

981 RIDGEWOOD AVENUE, SUITE 105  
VENICE, FL 34285 US

**FEI Number:** 65-1006784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETTERTON, GREG A  
981 RIDGEWOOD AVENUE, SUITE 101  
VENICE, FL 34292 US

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

BETTERTON, GREG A  
981 RIDGEWOOD AVENUE, SUITE 101  
VENICE, FL 34285 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: GREG BETTERTON

01/06/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MEM ( ) Delete  
Name: BETTERTON, GREG  
Address: 981 RIDGEWOOD AVE. #101  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BETTERTON, GREG  
Address: 981 RIDGEWOOD AVE. #101  
City-St-Zip: VENICE, FL 34285 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREG BETTERTON

MGRM

01/06/2004

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