

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013944

1. Entity Name
BCDC II, L.L.C.

Principal Place of Business
2000 PGA BLVD
SUITE 2204
NORTH PALM BEACH FL 33408

Mailing Address
2000 PGA BLVD
SUITE 2204
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address
11780 U.S. Highway One

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 400

City & State

City & State
North Palm Beach, FL

Zip

Country

Zip
33408

Country
USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC
11780 US HWY #1
SUITE 300
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!-FEE IS \$50.00-
Make Check Payable to Department of State

DATE
06/18/01
01002-003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE **MGRM** ☐ Delete
NAME Golden Bear Properties, Ltd.
STREET ADDRESS 11780 U.S. Highway One, #400
CITY-ST-ZIP North Palm Beach, FL 33408

TITLE **MGRM** ☐ Delete
NAME Clarendon Properties Group, Inc.
STREET ADDRESS 11780 U.S. Highway One, #400
CITY-ST-ZIP North-Palm-Beach, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Ira Fenton
as a Limited Partner

4/6/01 (561)626-3900

0013736 AF

CR2E083 (11/00)

FILED

01 MAY 21 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE