


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L02000003008</b><br>1. Entity Name<br>BCI ASSOCIATES, L.L.C. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>580 VILLAGE BLVD., STE 300<br>WEST PALM BEACH, FL 33409 | Mailing Address<br>580 VILLAGE BLVD., STE 300<br>WEST PALM BEACH, FL 33409 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03022004 No Chg - LLC CR2E083 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>01-0595235  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent  
  
DENHOLTZ, STEWART F  
580 VILLAGE BLVD., STE 300  
WEST PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000094259  
03/22/04-80051-022 50.00

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>BCI MANAGERS, L.L.C.<br>580 VILLAGE BLVD., STE 300<br>WEST PALM BEACH, FL 33409 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **3/2/04** **581-242-0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #