


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L02000003008 1. Entity Name BCI ASSOCIATES, L.L.C.	
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Principal Place of Business 580 VILLAGE BLVD., STE 300 WEST PALM BEACH, FL 33409	Mailing Address 580 VILLAGE BLVD., STE 300 WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE

04112007No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0595235	Applied For 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BCI MANAGERS, L.L.C. 580 VILLAGE BLVD., STE 300 WEST PALM BEACH, FL 33409
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05/18/07-80097-008 50.00

**DO NOT WRITE
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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: STEWART DENHOLTZ 4/30/07 561-242-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #