


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|  |   |
|--|---|
| <b>DOCUMENT # L02000003012</b><br>1. Entity Name<br>BCI MANAGERS, L.L.C. |  |
|--|---|

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

**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-LLC

CR2E083 (11/05)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>02-0542700                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>DENHOLTZ, STEWART F<br>C/O DENHOLTZ ASSOCIATES<br>580 VILLAGE BLVD, SUITE 300<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DENHOLTZ, STEWART F<br>580 VILLAGE BLVD, SUITE 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 |   |

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05/18/07-80097-009 50.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Stewart Denholtz*

STEWART DENHOLTZ

4/30/07

Date

581-242-0100

Daytime Phone #