

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90047 008 ****55.00

0015955

DOCUMENT # L02000003012

1. Entity Name

BCI MANAGERS, L.L.C.



Principal Place of Business

337 EAST INDIANTOWN ROAD
SUITE 8
JUPITER FL 33477

Mailing Address

337 EAST INDIANTOWN ROAD
SUITE 8
JUPITER FL 33477

2. Principal Place of Business

580 Village Blvd.

3. Mailing Address

580 Village Blvd.

Suite, Apt. #, etc.

Suite # 300

Suite, Apt. #, etc.

Suite # 300

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

U.S.A.

Zip

33409

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0542700

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name STEWART F. DENHOLTZ

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

580 Village Boulevard, Suite 300

City West Palm Beach

FL

Zip 33409

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DENHOLTZ, STEWART F	
STREET ADDRESS	337 EAST INDIANTOWN ROAD	→
CITY-ST-ZIP	JUPITER FL 33477	→
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	580 Village Blvd. - Suite # 300
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

8/11/03

(561) 242-0100

CP2E083 (4/03)