2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000006921

1. Entity Name
BCL, LLC

Principal Place of Business	Mailing Address
10760 CHAPMAN COURT LARGO, FL 33777	10760 CHAPMAN COURT LARGO, FL 33777

01212004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3031016
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, MICHAEL
10760 CHAPMAN COURT
LARGO, FL 33777

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000021217
01/29/04-80098-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	VENTURE 74, INC.
STREET ADDRESS	ROBERT W. CHOUINARD/9050 102ND AVENUE
CITY-ST-ZIP	LARGO, FL 33771
TITLE	MGRP
NAME	BALOGH, ROBERT J
STREET ADDRESS	7634 ARALIA WAY
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	MGRP
NAME	LYNCH, MICHAEL A
STREET ADDRESS	10760 CHAPMAN COURT
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael A Lynch 1/26/04 (727) 595-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #