

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006921**

1. Entity Name  
**BCL, LLC**



Principal Place of Business  
**10760 CHAPMAN COURT  
LARGO, FL 33777**

Mailing Address  
**10760 CHAPMAN COURT  
LARGO, FL 33777**



01132005No 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**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRP  
VENTURE 74, INC.  
ROBERT W. CHOUINARD/9050 102ND AVENUE  
LARGO, FL 33771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRP  
BALOGH, ROBERT J  
7634 ARAIA WAY  
SEMINOLE, FL 33777**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRP  
LYNCH, MICHAEL A  
10760 CHAPMAN COURT  
SEMINOLE, FL 33777**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000184732  
01/20/05-80042-010 50.00

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/13/05

727-458-3945