

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007445

Entity Name: BCC CONSULTING, LLC

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

2327 MIDTOWN TERRACE  
#1528  
ORLANDO, FL 32839

## New Principal Place of Business:

## Current Mailing Address:

2327 MIDTOWN TERRACE  
#1528  
ORLANDO, FL 32839

## New Mailing Address:

FEI Number: 73-1633737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC  
92 SADBERRY ROAD  
QUINCY, FL 323510000 US

## Name and Address of New Registered Agent:

FLORIDA INCORPORATING AND REGISTERED AGENT  
122 WEST HILLCREST STREET  
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: CHRISTINE FOX

04/29/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: CORCORAN, BRETT AARON  
Address: 5055 CITY STREET #1636  
City-St-Zip: ORLANDO, FL 32839

Title: MGRM ( ) Delete  
Name: CORCORAN, CATHERINE VICT  
Address: 5055 CITY STREET #1636  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRETT AARON CORCORAN

MGRM

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date