


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000012891</b> 1. Entity Name B & C INVESTMENTS, L.L.C.	
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Principal Place of Business 654 HERITAGE DRIVE WESTON, FL 33326	Mailing Address 654 HERITAGE DRIVE WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**



07052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0463781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  SLUTSKY, STUART M 2500 WESTON ROAD, STE. 220 WESTON, FL 33331	<b>DO NOT WRITE IN THIS SPACE</b>
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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)

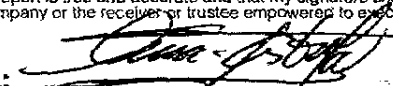
**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSTOYA, JOSE M 654 HERITAGE DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, LUIS G 4043 SANDERLING LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STORMGATE, L.L.C. 1365 CROSSBILL COURT WESTON, FL 33327
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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07/09/04-80001-004 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)(f), 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:**  **JOSE M. COSTOYA** 07/06/04 954-7092430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #