


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90343 028 \*\*\*\*55.00

<b>DOCUMENT # L02000016403</b>			
1. Entity Name BDC II, LLC			
Principal Place of Business C/O DALE PELLOT 455 DEL PRADO BLVD. CAPE CORAL, FL 33990		Mailing Address C/O DALE PELLOT 455 DEL PRADO BLVD. CAPE CORAL, FL 33990	
2. Principal Place of Business - No P.O. Box # <i>4037 OASIS BLVD.</i>		3. Mailing Address <i>4037 OASIS BLVD.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>CAPE CORAL FL</i>		City & State <i>CAPE CORAL FL</i>	
Zip <i>33914</i>	Country <i>USA</i>	Zip <i>33914</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  BANFIELD, DEAN C/O BOESE 1212 SOUTHEAST 6TH TERRACE CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent  Name <i>ROGER CAMPAGNOLO</i> Street Address (P.O. Box Number is Not Acceptable) <i>4037 OASIS BLVD.</i>  City <i>CAPE CORAL</i> FL Zip Code <i>33914</i>	
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 <i>Roger Campagnolo</i> DATE <i>4/24/2007</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANFIELD, DEAN C/O BOESE, 1212 SOUTHEAST 6TH TERRACE #84 CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPAGNOLO ROGER 4037 OASIS BLVD. CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Roger Campagnolo* DATE *4/24/2007*