2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# L02000027032

Entity Name: B.M.C. ENTERPRISES, LLC

Current Principal Place of Business:

111 S.E. 8TH AVENUE
SUITE 601
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

111 S.E. 8TH AVENUE
SUITE 601
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 55-0803301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVE, BENJAMIN E
111 S.E. 8TH AVENUE
SUITE 601
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	OLIVE, BENJAMIN E	
Address:	111 S.E. 8TH AVENUE, SUITE 601	
City-St-Zip:	FORT LAUDERDALE, FL 33301 US	
Title:	MGR	( ) Delete
Name:	VICK, CHARLOTTE O	
Address:	1067 WESTWAY DRIVE	
City-St-Zip:	SARASOTA, FL 34236 US	
Title:	MGR	( ) Delete
Name:	VICK, MAURICE M JR.	
Address:	1067 WESTWAY DRIVE	
City-St-Zip:	SARASOTA, FL 34236 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BENJAMIN E. OLIVE MGR 01/08/2004

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