2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L02000027032

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

Current Principal Place of Business:

1500 NORTH FEDERAL HIGHWAY
STE. 250
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

2400 E. LAS OLAS BLVD
SUITE A
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

1500 NORTH FEDERAL HIGHWAY
STE. 250
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

2400 E. LAS OLAS BLVD
SUITE A
FORT LAUDERDALE, FL 33301 US

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
1500 NORTH FEDERAL HIGHWAY
STE 250
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

OLIVE, BENJAMIN E
2400 E. LAS OLAS BLVD
SUITE A
FORT LAUDERDALE, FL 33301 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: S/BENJAMIN E. OLIVE 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OLIVE, BENJAMIN E
Address: 1500 NORTH FEDERAL HIGHWAY, STE. 250
City-St-Zip: FORT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OLIVE, BENJAMIN E
Address: 2400 E. LAS OLAS BLVD, SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: S/BENJAMIN E. OLIVE MGRM 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date