


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L03000025512 1. Entity Name BDC OAKMONT, LLC	
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Principal Place of Business 401 WEST COLONIAL DRIVE, #7 ORLANDO, FL 32804	Mailing Address 401 WEST COLONIAL DRIVE, #7 ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0937314	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MACARTHUR, WILLIAM H 401 W. COLONIAL DR., SUITE 7 ORLANDO, FL 32834

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACARTHUR, WILLIAM H 401 W. COLONIAL DR., SUITE 7 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FANT, JAMES H 401 W. COLONIAL DR., SUITE 7 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST WESTFALL, DONNA 401 W. COLONIAL DR., SUITE 7 ORLANDO, FL 32804
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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05/18/07-80120-006 50.00

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: <u>Donna Westfall Donna Westfall</u>	Date <u>4/30/07</u>	Daytime Phone # <u>407-425-8276</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		