

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90122 047 \*\*\*\*50.00

**DOCUMENT # L03000025774**

1. Entity Name  
BC VILLAGIO LLC



Principal Place of Business  
14160 PALMETTO FRONTAGE RD., #21  
MIAMI LAKES, FL 33016

Mailing Address  
14160 PALMETTO FRONTAGE RD., #21  
MIAMI LAKES, FL 33016

**20053204**



03112005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CAPARROS, MARTIN JR  
5779 NW 151ST ST  
MIAMI LAKES, FL 33015

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CAPARROS, MARTIN JR  
STREET ADDRESS 14160 PALMETTO FRONTAGE RD., #21  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE MGR  
NAME BOSCHETTI, JOSE R  
STREET ADDRESS 2901 SW 8TH ST, STE 204  
CITY-ST-ZIP MIAMI, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/29/05**

Date

Daytime Phone # \_\_\_\_\_