


**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
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**20053204**



03112005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPARROS, MARTIN JR 14160 PALMETTO FRONTAGE RD., #21 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2901 SW 8TH ST, STE 204 MIAMI, FL 33135
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**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:  4/29/05 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #