

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000028618**

1. Entity Name  
BV401 LLC



Principal Place of Business  
C/O MOSS ADAMS LLP  
11766 WILSHIRE BLVD., SUITE 900  
LOS ANGELES, CA 90025

Mailing Address  
C/O MOSS ADAMS LLP  
11766 WILSHIRE BLVD., SUITE 900  
LOS ANGELES, CA 90025



01182006 No Chg-LLC

CR2E083 (11/05)

**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**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 2006**

1111111144 7523  
03/08/06-80059-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	KELLEY, JOHN H
STREET ADDRESS	236 HIDDEN BAY #401
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	MGR
NAME	KELLEY, VIRGINIA H
STREET ADDRESS	236 HIDDEN BAY #401
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	MGR
NAME	KELLEY, MARK W
STREET ADDRESS	331 LEEWARD DRIVE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	MGRM
NAME	TRUSTEES OF DAVID E KELLY
STREET ADDRESS	11766 WILSHIRE BLVD #900
CITY-ST-ZIP	LOS ANGELES, CA 90025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:** \_\_\_\_\_

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

Date

Daytime Phone #