
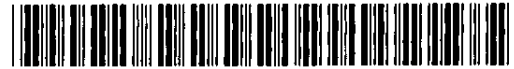


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 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
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02042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000872206
 04/10/08-80030-001 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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 #