

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90025 029 ****50.00

DOCUMENT # L03000034236

1. Entity Name

BC 77 ACRES, LLC



Principal Place of Business

2901 SW 8TH ST., STE. 203
MIAMI, FL 33135

Mailing Address

2901 SW 8TH ST., STE. 203
MIAMI, FL 33135

00000111



08302005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1068741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSCHETTI, JOSE R
2901 SW 8TH ST., STE. 203
MIAMI, FL 33135

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CAPARROS, MARTIN JR.
STREET ADDRESS	5779 NW 151ST ST.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
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	
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 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

9/7/05

Date

(305) 827-5665

Daytime Phone #