

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040475

Entity Name: BCW MANAGEMENT, LLC

FILED
Apr 08, 2006
Secretary of State

Current Principal Place of Business:

10-5 DEER PATH
MAYNARD, MA 01754 US

New Principal Place of Business:

Current Mailing Address:

10-5 DEER PATH
MAYNARD, MA 01754 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARK, HANSON
210 WOODVIEW WAY
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WYMAN, BRUCE C
Address: 10-5 DEER PATH
City-St-Zip: MAYNARD, MA 01754 US

Title: MGR () Delete
Name: WYMAN, BARBARA M
Address: 10-5 DEER PATH
City-St-Zip: MAYNARD, MA 01754 US

Title: MGR () Delete
Name: KINKADE, LAUREL
Address: 11009 SUMMER DRIVE
City-St-Zip: TAMPA, FL 33624 US

Title: MGR () Delete
Name: MISSELHORN, HELEN H
Address: 7131 SONORA AVE
City-St-Zip: NEWPORT RICHEY, FL 34653 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE C WYMAN

MGR

04/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date