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904-363-0634

P. 1

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 19 PM 1:26

DOCUMENT # L03000044290	
1. Entity Name B & C PROPERTY MANAGEMENT, LLC	

Principal Place of Business 7842 HEATHER LAKE COURT EAST JACKSONVILLE, FL 32256	Mailing Address 7842 HEATHER LAKE COURT EAST JACKSONVILLE, FL 32256
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2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent BOATE, BRENT 7842 HEATHER LAKE COURT EAST JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (Signature, typed or printed name of registered agent and third party applicable) (NOTE: Registered Agent signature required when non-stating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BOATE, BRENT 7842 HEATHER LAKE COURT EAST JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CONSTANTINE, DEAN 7842 HEATHER LAKE COURT EAST JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CLIENT'S COPY
- Prepared By -
RALEIGH M. WILCOX, CPA, LLC

REINSTATEMENT 2004

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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: Dean Constantine Date: 10/20/04 (904) 363-1149

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