

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045830

Entity Name: BCM PROPERTIES, L.L.C.

FILED
Mar 20, 2006
Secretary of State

Current Principal Place of Business:

3490 BRIAR BAY BLVD., UNIT 205
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

3490 BRIAR BAY BLVD., UNIT 205
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILLEMI, NICHOLAS J JR.
3490 BRIAR BAY BLVD., UNIT 205
WEST PALM BEACH, FL 33411 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: MGRM () Delete
Name: CHILLEMI, NICHOLAS U JR
Address: 3490 BRIAR BAY BLVD., UNIT 205
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Delete
Name: MURPHY, DEREK E
Address: 1 LANDMARK SQ. #610
City-St-Zip: PORT CHESTER, NY 10573

Title: MGRM () Delete
Name: BETTEN, DONALD
Address: 325 W GULLERTON PKWY #702
City-St-Zip: CHICAGO, IL 60614

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:

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: NICHOLAS CHILLEMI

MGRM

03/20/2006

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