
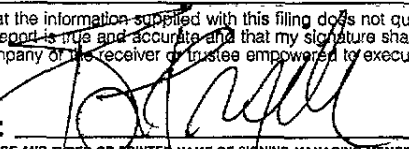


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000048996</b> 1. Entity Name BCM TAVARES, LLC		
Principal Place of Business 205 E. BURLEIGH BLVD. TAVARES, FL 32778		Mailing Address 205 E. BURLEIGH BLVD. TAVARES, FL 32778
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MILLER, BRENT C 205 E. BURLEIGH BLVD. TAVARES, FL 32778		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, CHARLES T 205 E BURLEIGH BLVD TAVARES, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, BRENT C 205 E BURLEIGH BLVD TAVARES, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <b>1-17-06</b> <small>Date Daytime Phone #</small>		



01132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0661619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

11000000393287  
01/25/06-80014-017 50.00

**DO NOT WRITE  
IN THIS SPACE**