


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90368 022 ****50.00

| | |
|--|---|
| DOCUMENT # L03000048996 1. Entity Name BCM TAVARES, LLC |  |
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|---|---|
| Principal Place of Business 205 E. BURLEIGH BLVD. TAVARES, FL 32778 | Mailing Address 205 E. BURLEIGH BLVD. TAVARES, FL 32778 |
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-LLC CR2E083 (11/05)

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

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| 6. Name and Address of Current Registered Agent MILLER, BRENT C 205 E. BURLEIGH BLVD. TAVARES, FL 32778 |
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**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 May 1, 2007**

| 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 |
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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.

SIGNATURE:  **2/14/07 352-343-7400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #