

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000934

Entity Name: B&C ENTERPRISES, L.L.C.

FILED  
Apr 12, 2005  
Secretary of State

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE, SUITE 3201  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

1632 SHEFFIELD PARK CT  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

ONE INDEPENDENT DRIVE, SUITE 3201  
JACKSONVILLE, FL 32202

**New Mailing Address:**

1632 SHEFFIELD PARK CT  
JACKSONVILLE, FL 32225

FEI Number: 86-1102332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHUNN, DOUGLAS D  
ONE INDEPENDENT DRIVE, SUITE 3201  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

O'GRADY, WILLIAM E  
1632 SHEFFIELD PARK CT  
JACKSONVILLE, FL 32225 US

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: WILLIAM E O'GRADY

04/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: O'GRADY, BILL  
Address: ONE INDEPENDENT DRIVE, SUITE 3201  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: O'GRADY, WILLIAM E  
Address: 1632 SHEFFIELD PARK CT  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM E O'GRADY

MGR

04/12/2005

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