

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000021544

1. Entity Name
BCGAI LLC



Principal Place of Business
**144 WATTS STREET
JACKSONVILLE, FL 32204**

Mailing Address
**P. O. BOX 41106
JACKSONVILLE, FL 32203**



01092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4493803

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'CONNOR, JOHN W
1590 ISLAND LANE
SUITE 28
ORANGE PARK, FL 32003**

**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**

000000712684
04/26/07-80058-011 200.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHAMBERLAIN, BRYAN C
144 WATTS STREET
JACKSONVILLE, FL 32204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ISRAEL, GEORGE A III
144 WATTS STREET
JACKSONVILLE, FL 32204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

3/1/07

904-355-7867

Date

Daytime Phone #