

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029431

Entity Name: B.V.C. INVESTMENT, LLC

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

1012 UNION CENTER DRIVE
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

1012 UNION CENTER DRIVE
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 20-1438917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ
BURKE, BLUE & HUTCHISON, P.A.
215 GRAND BOULEVARD, SUITE 101
DESTIN, FL 32550 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: COLEMAN, WILLIAM L
Address: 1012 UNION CENTER DRIVE
City-St-Zip: ALPHARETTA, GA 30004 US

Title: MGRM () Change (X) Addition
Name: VROON, BRAD
Address: 570 WOODLAND BAYOU
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Change (X) Addition
Name: BREED, JOHN
Address: 1805 BAYTOWNE AVENUE
City-St-Zip: SANDESTIN, FL 32550 US

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 L COLEMAN

MGRM

03/23/2005

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