## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 06, 2007 8:00 am Secretary of State

DOCUMENT # L04000040146  1. Entity Name BCC HOLDING LLC							90228 028 ****	
Principal Place of Business 1728 CORPORATE DR BOYNTON BEACH, FL 33426		Mailing Address 1728 CORPORATE DR BOYNTON BEACH, FL 33426						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272007	Chg-LLC	CR2E083 (12/06	5)
City & State		City & State			4. FEI Numb		<del>}_+</del>	Applied For Not Applicable
Zip	Country	Zip	Coun	try		e of Status Desired	□ \$5.00 A Fee Requ	
6. Name and Address of Current Registered Agent				Name		d Address of New R	egistered Agent	
2295 NW 0	LLOYD ESQ CORPORATE BOULEVARD, S FON; FL 33431	JITE 235 Street Address		letdin, T (P.O. Box Numl porate I	er is Not Acceptable	)		
	Nº W	City		on Beach	1	FL Zip Co	ode 426	
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								
	ling Fee is \$50.00 ue by May 1, 2007						check payable to Department of St	
9	MANAGING MEMBE	I RS/MANAGERS	10.		<del></del>	ADDITIONS/	CHANGES	
TITLE	MGR	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	SAADETDIN, TARIK 1728 CORPORATE DRIVE		NAM STRE	ET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY	-ST-ZIP				
TITLE	MGR SMITH, RANDY	☐ Delete	TITLE				☐ Chang	e 🗌 Addition
NAME STREET ADDRESS	1728 CORPORATE DRIVE			ET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY	-ST-ZIP				
TITLE	MGR	☐ Delete	TITLE				☐ Chang	Addition
name Street address	LOBERBAUM, MARK 1728 CORPORATE DRIVE		NAM STRE	ET ADDRESS				i
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			-ST-ZIP				
TITLE		Delete	TITLE				☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE	:			☐ Chang	Addition
NAME .			MAM	E ADDRESS				(
STREET ADDRESS CITY-ST-ZIP			1	-ST-ZIP				
TITLE		☐ Delete	TITLE	E			☐ Chang	e 🔲 Addition
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNAT	ube: ////					4/107	31 76 7646	