

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000079537

1. Entity Name
BC GROUP LLC



Principal Place of Business
**6469 FOX GRAPE LANE
BRADENTON, FL 34202-2026**

Mailing Address
**6469 FOX GRAPE LANE
BRADENTON, FL 34202-2026**



02172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1846665

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SNYDER, DONALD H JR
5603 26TH STREET W
BRADENTON, FL 34207**

**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
**MGRM
APA SERVICES, INC.
6469 FOX GRAPE LANE
BRADENTON, FL 342022026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
B C GROUP CA, INC.
4206 TAOS DRIVE
SAN DIEGO, CA 92117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BC GROUP-NY, INC
110-16 72ND AVE 501
FOREST HILLS, NY 11375**

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**

U000000712032
04/26/07-80030-024 55.00

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

Date

Daytime Phone #

4/11/07 941-737-9225