2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079537

Entity Name: BC GROUP LLC

Name:

Address:

City-St-Zip:

1773 WEATHERWOOD COURT

SAN MARCOS, CA 92078

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6469 FOX GRAPE LANE 6469 FOX GRAPE LANE **BRADENTON, FL 342022026** BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 6469 FOX GRAPE LANE 6469 FOX GRAPE LANE **BRADENTON, FL 342022026** BRADENTON, FL 34202 FEI Number: 20-1846665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SNYDER, DONALD H JR 5603 26TH STREET W US BRADENTON, FL 34207 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/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete APA SERVICES, INC., Name: Name: 6469 FOX GRAPE LANE Address: Address: City-St-Zip: BRADENTON, FL 342022026 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition B C GROUP CA, INC., Name: Name: Address: 4206 TAOS DRIVE Address: City-St-Zip: SAN DIEGO, CA 92117 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition BC GROUP-NY, INC, Name: RIVER EDGE CONSULTIN, G INC Name: Address: 110-16 72ND AVE 501 Address: 475 UNDERCLIFF AVENUE City-St-Zip: FOREST HILLS, NY 11375 City-St-Zip: EDGEWATER, NJ 07020 Title: MGRM () Delete Title: () Change () Addition FOX CONSULTING INC.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALVIN RAY BECKER 04/07/2009