

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90102 006 ****55.00

DOCUMENT # L04000084674					
1. Entity Name BCV INVESTMENT GROUP, LLC					
Principal Place of Business 6300 N. WICKHAM RD. STE. 118 MELBOURNE, FL 32934			Mailing Address 4349 LIGUSTRUM DR. MELBOURNE, FL 32934		
2. Principal Place of Business 6300 N. Wickham Rd Suite, Apt. #, etc. Ste. 118 City & State Melbourne, FL 32940 Zip 32940 Country Brevard		3. Mailing Address 6300 N. Wickham Rd Suite, Apt. #, etc. Ste. 118 City & State Melbourne, FL Zip 32940 Country USA		<div style="font-size: 2em; font-family: cursive;">20011695</div>	
02142005 Chg-LLC CR2E083 (10/03)		4. FEI Number 32-0134178		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CHAPMAN, WILLIAM J 4349 LIGUSTRUM DR. MELBOURNE, FL 32934	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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: <u>William J. Chapman</u> MGRM DATE: <u>2/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPMAN, WILLIAM J 4349 LIGUSTRUM DR. MELBOURNE, FL 32934	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, ROSS R 1010 BLUEGRASS LN ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAUGHT, RONALD R 4124 4124 SPARROW HAWK MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vaught, Ronald R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4124 Sparrowhawk Melbourne, FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>William J. Chapman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>2/12/05</u>		Daytime Phone #: <u>321-242-6702</u>