

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014348

Entity Name: BC DORAL 969, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

15450 NEW BARN ROAD
104
MIAMI LAKES, FL 33014

Current Mailing Address:

15450 NEW BARN ROAD
104
MIAMI LAKES, FL 33014

New Principal Place of Business:

14160 PALMETTO FRONTAGE ROAD
21
MIAMI LAKES, FL 33016

New Mailing Address:

14160 PALMETTO FRONTAGE ROAD
21
MIAMI LAKES, FL 33016

FEI Number: 20-5219067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEJANDRO VILARELLO, P.A.
14160 15450 NEW BARN ROAD
104
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

ALEJANDRO VILARELLO, P.A.
14160 PALMETTO FRONTAGE ROAD
21
MIAMI LAKES, FL 33016 US

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: ALEJANDRO VILARELLO

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOSCHETTI, JOSE R
Address: 1200 PONCE DE LEON BLVD., 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: CAPARROS, MARTIN JR
Address: 15450 NEW BARN ROAD, SUITE #104
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOSE BOSCHETTI

MGR

04/29/2009

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