

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035493

FILED
Apr 28, 2006
Secretary of State

Entity Name: BCS GAINESVILLE INVESTMENTS, LLC

Current Principal Place of Business:

4905 NW 67TH STREET
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

4905 NW 67TH STREET
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 20-2599761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAIN, STEVEN M
618 NE 1ST STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: SPEISMAN, MICHAEL M
Address: 6315 SW 99 ST
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MR. () Change (X) Addition
Name: BARR, KENNETH
Address: 4905 NW 67 STREET
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MR. () Change (X) Addition
Name: CURTIS, FRANK
Address: 3800 NW 136 STREET
City-St-Zip: GAINESVILLE, FL 32606 FL

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL SPEISMAN

MR.

04/28/2006

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