

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035493

FILED  
Mar 22, 2007  
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: MR. ( ) Delete  
Name: SPEISMAN, MICHAEL M  
Address: 6315 SW 99 ST  
City-St-Zip: GAINESVILLE, FL 32608 US

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

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

**ADDITIONS/CHANGES:**

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

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 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

03/22/2007

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