

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037872

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: BCIC LLC

**Current Principal Place of Business:**

4741 LONSDALE CIRCLE  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10151 UNIVERSITY BLVD. #195  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 20-2694972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIGNARDI, SHARON C  
4741 LONSDALE CIRCLE  
ORLANDO, FL 32817 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: MGRM ( ) Delete  
Name: MIGNARDI, SHARON C  
Address: 4741 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM ( ) Delete  
Name: KOPCZYNSKI, MEDARD K  
Address: 10 WILLOW STREET  
City-St-Zip: KEENE, NH 03431

**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: SHARON C. MIGNARDI

MGRM

02/18/2009

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