

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042367

Entity Name: BKC INVESTMENTS, LLC

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

15625 NW 15TH AVENUE  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

15625 NW 15TH AVENUE  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

FEI Number: 20-2796255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOLSKI, STEPHEN J  
2600 DOUGLAS ROAD, SUITE 1109  
CORAL GABLES, FL 33134 US

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

LACAL, LUIS A  
15625 NW 15 AVE  
MIAMI, FL 33169 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: LUIS A. LACAL

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LACAL, LUIS  
Address: 15625 NW 15TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: MGRM ( ) Delete  
Name: JUAN CARLOS LACAL  
Address: 15625 NW 15TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33169

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: LACAL, JUAN CARLOS  
Address: 15625 NW 15TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33169

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: JUAN CARLOS LACAL

MGRM

04/23/2009

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