

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043647

FILED
Mar 23, 2009
Secretary of State

Entity Name: BYC, LLC

Current Principal Place of Business:

1258 HARLEY CIR
THE VILLAGES, FL 32162

New Principal Place of Business:

1285 HARLEY CIR
THE VILLAGES, FL 32162

Current Mailing Address:

1258 HARLEY CIR
THE VILLAGES, FL 32162

New Mailing Address:

1285 HARLEY CIR
THE VILLAGES, FL 32162

FEI Number: 01-0835012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RYAN, MICHAEL J
1285 HARLEY CIRCLE
THE VILLAGES, FL 32162 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: PAULK, JIM
Address: 1757 LAKE MIONA DR
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: VAN DUSEN, THOMAS
Address: 1826 HARTFORD PAIN
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: THIEMANN, HANS
Address: 1953 LAKE MIONA DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: HAHNFELDT, DON
Address: 1793 HARTFORD PATH
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RYAN, MICHAEL
Address: 1285 HARLEY CIR.
City-St-Zip: THE VILLAGES, FL 32162

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 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 RYAN

TREA

03/23/2009

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