

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-05-2006 90001 018 ****55.00

DOCUMENT # L05000044583						
1. Entity Name BCR REFERRALS, LLC						
Principal Place of Business 820 S FLORIDA AVE, STE 204 LAKELAND, FL 33801			Mailing Address 820 S FLORIDA AVE, STE 204 LAKELAND, FL 33801			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01312006 Chg-LLC CR2E083 (11/05)		
City & State		City & State		4. FEI Number 20-2737528		
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CHANDLER, AARON 820 S FLORIDA AVE, STE 204 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE				(NOTE: Registered Agent signature required when registering) 5-31-06 DATE		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE MGR NAME CHANDLER, AARON STREET ADDRESS 820 S FLORIDA AVE, STE 204 CITY-ST-ZIP LAKELAND, FL 33801	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGR NAME OSTOJIC, CASY STREET ADDRESS 820 S FLORIDA AVE, STE 204 CITY-ST-ZIP LAKELAND, FL 33801	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:				5-31-06 863 6884477		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		