## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000111664

Entity Name: BCLR, LLC

Address:

City-St-Zip:

1209 WEST WIND DRIVE

CHICO, CA 95926

FILED Apr 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9711 NW 51 STREET CORAL SPRINGS, FL 33076 **Current Mailing Address: New Mailing Address:** 9711 NW 51 STREET CORAL SPRINGS, FL 33076 FEI Number: 20-3828519 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLEIN, STEVEN C 11776 W. SAMPLE ROAD, SUITE 105 CORAL SPRINGS, FL 33065 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: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete FLAX, JERRY Name: Name: Address: 9711 NW 51 STREET Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: KAPLAN, SCOTT Name: Address: 818 DANCER LANE Address: City-St-Zip: MANALOPHAN, NJ 07726 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KAPLAN, STEVE Name: Name: 11 HEATHROW LANE Address: Address: City-St-Zip: OLD BRIDGE, NJ 08857 City-St-Zip: Title: MGR Title: () Change () Addition ( ) Delete Name: SMITH, RICH Name:

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.

Address:

City-St-Zip:

SIGNATURE: JERRY FLAX MGR 04/17/2009