

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113580

Entity Name: BC INSTALLATIONS, LLC

FILED  
Apr 20, 2006  
Secretary of State

**Current Principal Place of Business:**

141 SW THANKSGIVING AVE  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1752  
PORT SALERNO, FL 34992

**New Mailing Address:**

FEI Number: 20-3668022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CURRY, BRIAN M  
141 SW THANKSGIVING AVE  
PORT ST LUCIE, FL 34984 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: CURRY, BRIAN M  
Address: 141 SW THANKSGIVING AVE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: MGRM ( ) Delete  
Name: CURRY, AMBER  
Address: 11211 S MILITARY TRAIL, APT 523  
City-St-Zip: BOYNTON BEACH, FL 33436

**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 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: BRIAN CURRY

MGRM

04/20/2006

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