2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000063274

Entity Name: BCSI DEVELOPMENT, LLC

Current Principal Place of Business:

90 HICKORY ROAD
OCALA, FL 34472 US

New Principal Place of Business:

3417 SE 49TH AVENUE
OCALA, FL 34471 US

Current Mailing Address:

90 HICKORY ROAD
OCALA, FL 34472 US

New Mailing Address:

3417 SE 49TH AVENUE
OCALA, FL 34471 US

FEI Number: 20-5094437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, JAMES A
90 HICKORY ROAD
OCALA, FL 34472 US

Name and Address of New Registered Agent:

BENNETT, JAMES A
3417 SE 49TH AVENUE
OCALA, FL 34471 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: JAMES A. BENNETT 04/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BENNETT, JAMES A
Address: 90 HICKORY ROAD
City-St-Zip: OCALA, FL 34472 US

Title: MGRM ( ) Delete
Name: BENNETT, PALMIRA D
Address: 90 HICKORY ROAD
City-St-Zip: OCALA, FL 34472 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BENNETT, JAMES A
Address: 3417 SE 49TH AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: MGRM (X) Change ( ) Addition
Name: BENNETT, PALMIRA D
Address: 3417 SE 49TH AVENUE
City-St-Zip: OCALA, FL 34471 US

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: PALMIRA BENNETT MGRM 04/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date