



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90233 018 \*\*\*143.75

<b>DOCUMENT # L06000114614</b> 1. Entity Name <b>BCPROPERTIES LLC</b>					
Principal Place of Business <b>7664 LAKESIDE DRIVE MILTON, FL 32583</b>			Mailing Address <b>7664 LAKESIDE DRIVE MILTON, FL 32583</b>		
2. Principal Place of Business - No P.O. Box # <b>7664 LAKESIDE DR</b>		3. Mailing Address <b>7664 LAKESIDE DR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01122008    Chg-LLC    CR2E083 (12/06)	
City & State <b>MILTON FL.</b>		City & State <b>MILTON FL.</b>		4. FEI Number <b>37-1532537</b>	
Zip <b>32583</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32583</b>		Country <b>SANTA ROSA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CALFEE, WILLIAM O 7664 LAKESIDE DRIVE MILTON, FL 32583</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>William D. Calfee</i></u> DATE <u>3-19-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALFEE, WILLIAM O 7664 LAKESIDE DRIVE MILTON, FL 32583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALFEE, CAROL S 7664 LAKESIDE DRIVE MILTON, FL 32583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>William D. Calfee</i></u> <b>WILLIAM D. CALFEE</b> 3-19-2008      (850) 626-2764 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					