

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000121352

1. Entity Name
BCC EAST, LLC



Principal Place of Business
**1350 E. NEWPORT CENTER DRIVE
SUITE 206
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**1350 E. NEWPORT CENTER DRIVE
SUITE 206
DEERFIELD BEACH, FL 33442 US**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8394264

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAURUS INVESTMENT HOLDINGS, LLC
1350 E. NEWPORT CENTER DRIVE #206
ATTN: LINDA G. KASSOF
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consenting)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR REIBLING, GUENTHER 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR KASSOF, LINDA G 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MCFADDEN, JEFF K 1560 ORANGE AVENUE, SUITE 410 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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02/21/08-80071-001 143.75

**DO NOT WRITE
IN THIS SPACE**

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: *Linda G. Kassof*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07. Feb. 2008

Date

954-428-4585

Daytime Phone #