

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029668

Entity Name: BC CAPITAL FUND I, LLC

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

14160 PALMETTO FRONTAGE ROAD
SUITE 21
MIAMI LAKES, FL 33016 US

Current Mailing Address:

14160 PALMETTO FRONTAGE ROAD
SUITE 21
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

15450 NEW BARN ROAD
104
MIAMI LAKES, FL 33014 US

New Mailing Address:

15450 NEW BARN ROAD
104
MIAMI LAKES, FL 33014 US

FEI Number: 20-8677747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILARELLO, ALEJANDRO ESQ.
14160 PALMETTO FRONTAGE ROAD
SUITE 21
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

ALEJANDRO VILARELLO, P.A.
15450 NEW BARN ROAD
104
MIAMI LAKES, FL 33014 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: ALEJANDRO VILARELLO

04/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BC CAPITAL FUND PART, NERS I, LLC
Address: 14160 PALMETTO FRONTAGE ROAD, SUITE 21
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BC CAPITAL FUND PART, NERS I, LLC
Address: 15450 NEW BARN ROAD, SUITE #104
City-St-Zip: MIAMI LAKES, FL 33014 US

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.

SIGNATURE: ALEJANDRO VILARELLO

RA

04/04/2008

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