

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045181

Entity Name: BC PROPERTY II, LC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

4500 BISCAYNE BLVD.
105
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4500 BISCAYNE BLVD.
105
MIAMI, FL 33137

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAIRD, JUD
4500 BISCAYNE BLVD.
105
MIAMI, FL 33137 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: LAIRD, JUD
Address: 4500 BISCAYNE BLVD. SUITE # 105
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: LINDEMANN FAMILY LIM, ITED PARTNERSH I P - SER
Address: 4500 BISCAYNE BLVD. SUITE # 105
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MEMB (X) Change () Addition
Name: GEORGE LINDEMANN FAM, ILY L.P. SERIE S 4
Address: 4500 BISCAYNE BLVD. SUITE #105
City-St-Zip: MIAMI, FL 33137

Title: MGR () Change (X) Addition
Name: LINDEMANN, GEORGE L JR.
Address: 4500 BISCAYNE BLVD. SUITE #105
City-St-Zip: MIAMI, FL 33137

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: JUD LAIRD

MGR

04/22/2008

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