2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074362

Entity Name: BC OF ST. LUCIE WEST, LLC

FILED Apr 17, 2008 Secretary of State

Name and Address of New Registered Agent:

Current Principal Place of Business:	New Principal Place of Business:
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2060 NW BOCA RATON BLVD. 51194 ROMEO PLANK SUITE 734 SUITE 6

BOCA RATON, FL 33431 MACOMB, MI 48042

New Mailing Address: Current Mailing Address:

51194 ROMEO PLANK 2060 NW BOCA RATON BLVD. SUITE 6 SUITE 734 BOCA RATON, FL 33431 MACOMB, MI 48042

FEI Number: 42-1734728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERT R. OLIVER, P.A. BERT R. OLIVER, P.A. 955 NW 17TH AVENUE 2060 N.W. BOCA RATON BLVD.

SUITE 6 BUILDING D

BOCA RATON, FL 33431 US DELRAY BEACH, FL 33445 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: 04/17/2008

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

() Delete Title: () Change (X) Addition

CHALMERS, WILLIAM Name: Name: Address: Address: 51194 ROMEO PLANK, SUITE 734

City-St-Zip: City-St-Zip: MACOMB, MI 48042

Title: Title: MGR () Change (X) Addition () Delete

BORNSTEIN, RUSSELL Name: Name:

Address: Address: 51194 ROMEO PLANK, SUITE 734

City-St-Zip: City-St-Zip: MACOMB, MI 48042

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: WILLIAM CHALMERS 04/17/2008