2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L07000074362

Entity Name: BC OF ST. LUCIE WEST, LLC

Current Principal Place of Business:

51194 ROMEO PLANK
SUITE 734
MACOMB, MI 48042

New Principal Place of Business:

Current Mailing Address:

51194 ROMEO PLANK
SUITE 734
MACOMB, MI 48042

New Mailing Address:

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.
955 NW 17TH AVENUE
BUILDING D
DELRAY BEACH, FL 33445 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: MGR ( ) Delete
Name: CHALMERS, WILLIAM
Address: 51194 ROMEO PLANK, SUITE 734
City-St-Zip: MACOMB, MI 48042

Title: MGR ( ) Delete
Name: BORNSTEIN, RUSSELL
Address: 51194 ROMEO PLANK, SUITE 734
City-St-Zip: MACOMB, MI 48042

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: BORNSTEIN, RUSSELL
Address: 20944 PACIFICO TERRACE
City-St-Zip: BOCA RATON, FL 33433

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 D. CHALMERS MR. 01/12/2009

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