

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT


04-15-2008 90117 016 \*\*\*\*\*50.00

L07000087329

FILED

2008 MAY -8 PM 12: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000087329					
1. Entity Name BC 1101, LLC					
Principal Place of Business 300 5TH AVENUE SOUTH SUITE 101, #446 NAPLES, FL 34103			Mailing Address 300 5TH AVENUE SOUTH SUITE 101, #446 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LILE, LAIRD A 3033 RIVIERA DRIVE SUITE 104 NAPLES, FL 34103			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUSAN P. DAVIS, TRUSTEE OF NAUTICAL TRUST 300 5TH AVENUE SOUTH, SUITE 101, #446 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Susan P. Davis, Trustee of Mariner Tr 300 5th Avenue South, Suite 101, #446 Naples, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			L. SELLERS MAY 12 2008 EXAMINER		
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: <u>L. Sellers</u> <u>2/21/08</u> <u>239 649 7728</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					