



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 17 AM 10:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000311 BCD ENTERPRISES, L.C. 4400 HIGHWAY 20 EAST SUITE 205 NICEVILLE FL 32578		1a. Principal Place of Business Address 4400 HIGHWAY 20 EAST SUITE 205 NICEVILLE FL 32578		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/08/1994
City & State		City & State		FL
Zip		Zip		4. FEI Number
Country		Country		59-3253158
				<input type="checkbox"/> Applied For
				<input type="checkbox"/> Not Applicable
				5. Date of Last Report
				05/01/1996
				6. Certificate of Status Desired
				\$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent		
HAUGHT, ALEXANDRA R 5 CLIFFORD DRIVE SHALIMAR FL 32579		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, etc.		
		City		
		Zip Code		
		FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	HARRISON, BARBARA J	805 BLVD. OF CHAMPIONS		SHALIMAR FL 32579
MGRM	HARRISON, JAMES W	805 BLVD. OF CHAMPIONS		SHALIMAR FL 32579
500002152095--7 -04/23/97--01074--014 ****203.75 ****203.75				
				
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: <u>Barbara J. Harrison</u> BARBARA J HARRISON <u>4/11/97</u> <u>904-877-4223</u>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>				