


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 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	
2. Principal Place of Business 805 BLVD OF CHAMPIONS Suite, Apt. #, etc.		2a. Mailing Address 805 BLVD OF CHAMPIONS Suite, Apt. #, etc.	
City & State SHALIMAR, FL		City & State SHALIMAR, FL	
Zip 32579		Zip 32579	
Country USA		Country USA	
3. Date Organized or Qualified 07/08/1994		3a. State of Formation FL	
4. FEI Number 59-3253158		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/17/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent HAUGHT, ALEXANDRA R 5 CLIFFORD DRIVE SHALIMAR FL 32579		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		100002511921 -- 4 -05/05/98-01120-027 ****188.75 ****188.75 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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HARRISON, BARBARA J	805 BLVD. OF CHAMPIONS	SHALIMAR FL
MGRM	HARRISON, JAMES W	805 BLVD. OF CHAMPIONS	SHALIMAR FL
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 Harrison</u> BARBARA HARRISON 4/25/98 850-651-2598			
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER) Date Daytime Phone #			