2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# M08000000762

Entity Name: BCS II, LLC

Current Principal Place of Business:

1936 BLUE HILLS DRIVE NE
ROANOKE, VA 24012

New Principal Place of Business:

6000 NW HORIZONS BLVD
AMITYVILLE, NY 117011146

Current Mailing Address:

1936 BLUE HILLS DRIVE NE
ROANOKE, VA 24012

New Mailing Address:

6000 NW HORIZONS BLVD
AMITYVILLE, NY 117011146

FEI Number: 26-2726126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CASS, CHRIS
Address: 175 EAST HOUSTON STREET, ROOM 11-T-30
City-St-Zip: SAN ANTONIO, TX 78205

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BLAKEMORE, TERRY
Address: 1010 HALEY ROAD
City-St-Zip: MURFREESBORO, TN 37129

Title: MGR ( ) Change (X) Addition
Name: MCANDREWS, MICHAEL
Address: 1000 PARK DRIVE
City-St-Zip: LAWRENCE, PA 15055

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: TERRY BLAKEMORE MGR 08/20/2009

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