



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02903-2615  
(401) 222-3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |             |                                                                                                                                                  |                                  |              |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------|--------------|
| 1. ID No.<br>158736                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>BCA Mezzanine Partners, LLC                                                                    |                                  |              |              |
| 3. State of Formation<br>Delaware                                                                                                                                                                             |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>General Partner to BCA Mezzanine Fund, L.P. |                                  |              |              |
| 5. Principal office address<br>One Turks Head Place, Ste. 1492                                                                                                                                                |             | City<br>Providence                                                                                                                               | State<br>RI                      | Zip<br>02903 |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                                                  |                                  |              |              |
| Contact Name<br>Gregory F. Mulligan                                                                                                                                                                           |             |                                                                                                                                                  | Contact Title<br>Managing Member |              |              |
| Street Address<br>One Turks Head Place, Ste. 1492                                                                                                                                                             |             | City<br>Providence                                                                                                                               | State<br>RI                      | Zip<br>02903 |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                                                  |                                  |              |              |
| Manager Name<br>Gregory F. Mulligan                                                                                                                                                                           |             |                                                                                                                                                  | Manager Name<br>Franz L. Pool    |              |              |
| Street Address<br>One Turks Head Place, Ste. 1492                                                                                                                                                             |             | Street Address<br>One Turks Head Place, Ste. 1492                                                                                                |                                  |              |              |
| City<br>Providence                                                                                                                                                                                            | State<br>RI | Zip<br>02903                                                                                                                                     | City<br>Providence               | State<br>RI  | Zip<br>02903 |
| Manager Name                                                                                                                                                                                                  |             |                                                                                                                                                  | Manager Name                     |              |              |
| Street Address                                                                                                                                                                                                |             | Street Address                                                                                                                                   |                                  |              |              |
| City                                                                                                                                                                                                          | State       | Zip                                                                                                                                              | City                             | State        | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                                      |             |                                                                                                                                                  |                                  |              |              |
| Agent Name<br>Gregory F. Mulligan                                                                                                                                                                             |             |                                                                                                                                                  | Address                          |              |              |
| Address<br>One Turks Head Place, Ste. 1492                                                                                                                                                                    |             | City<br>Providence                                                                                                                               | Zip<br>02903                     |              |              |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

|                                 |                    |
|---------------------------------|--------------------|
| FILED                           |                    |
| File Date                       | NOV 19 2007        |
| Check No.                       |                    |
| By:                             | By <u>1178 mnc</u> |
| FOR SECRETARY OF STATE USE ONLY |                    |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Gregory F. Mulligan 11-5-2007  
Signature of Authorized Person Date  
Gregory F. Mulligan  
Print or Type Name of Authorized Person