2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # L03000019671 1. Entity Name BPL, LLC Mailing Address Principal Place of Business 16286 ERIE PLACE 16286 ERIE PLACE DAVIE, FL 33331 DAVIE, FL 33331 04142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0401889 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOUIS, BERNARD PIERRE DO NOT WRITE 16286 ERIE PLACE **DAVIE, FL 33331** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable INOTE. Registered Agent signature required whon reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LOUIS, BERNARD PIERRE NAME 16286 ERIE PLACE STREET ADDRESS U00000315975 704/19/05-80056-016 50.00 CITY-ST-ZIP **DAVIE, FL 33331** TITLE NAME STREET ADDRESS CITY - ST- ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-71P

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: