

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 29, 2008  
Secretary of State**

DOCUMENT# L04000062492

Entity Name: B.I.P. PARTNERS, LLC

**Current Principal Place of Business:**

17611 EAST STREET  
NORTH FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

17611 EAST STREET  
NORTH FT. MYERS, FL 33917

**New Mailing Address:**

FEI Number: 75-3166540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALOIA, FRANK J J.  
2250 FIRST STREET  
FT. MYERS, FL 33901      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: MGRM ( ) Delete  
Name: GOLDEN, WILLIAM  
Address: 17611 EAST STREET  
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: MGRM ( ) Delete  
Name: VERMILLION, JERRY  
Address: 17611 EAST STREET  
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: MGRM ( ) Delete  
Name: COLLETTE, DONALD  
Address: 17611 EAST STREET  
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: MGRM ( ) Delete  
Name: DIAZ, PETE  
Address: 17611 EAST STREET  
City-St-Zip: FORT MYERS, FL 33917

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM GOLDEN

MGRM

02/29/2008

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