## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **Due By May 1, 2006** FILED **DOCUMENT # A03000000947** 06 MAY - 1 AM 8: 46 1. Entity Name BPI MANAGEMENT, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 1218 PARK AVENUE, SUITE 1 1218 PARK AVENUE, SUITE 1 C/O STEVEN WARFIELD C/O STEVEN WARFIELD ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 04262006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0066029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAMER, ROBERT M DO NOT WRITE 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH KRAMER, GREEN, ZUCKERMAN IN THIS SPACE HOLLYWOOD, FL 33021 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION DOCUMENT # WARFIELD, STEVEN NAME STREET ADDRESS 1218 PARK AVENUE, SUITE 1 CITY-ST-ZIP ORANGE PARK, FL 32073 DOCUMENT / **600075023586** 05/22/06--01029--007 \*\*\$00.00 NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT ( NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HERE

CHECK

STAPLE

CITY-ST-ZIP

DOCUMENT #

\*NAME

\* STREET ADDRESS

\*\* CITY-S1-ZIP

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904 269-2437

Daytime Phone #