

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

20-0066029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DOCUMENT # A03000000947

1. Entity Name
BPI MANAGEMENT, LTD.



Principal Place of Business

1218 PARK AVENUE, SUITE 1
C/O STEVEN WARFIELD
ORANGE PARK, FL 32073

Mailing Address

1218 PARK AVENUE, SUITE 1
C/O STEVEN WARFIELD
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
KRAMER, GREEN, ZUCKERMAN
HOLLYWOOD, FL 33021

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
WARFIELD, STEVEN
1218 PARK AVENUE, SUITE 1
ORANGE PARK, FL 32073

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700103099567
05/23/07--01020--021 **500.00

**DO NOT WRITE
IN THIS SPACE**

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.

Steven Warfield

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

(904)269-2437

Daytime Phone #

STAPLE CHECK HERE