#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

### FILED Feb 14, 2008 08:00 AM Secretary of State

| DOCUMENT | * # A03000000947 |
|----------|------------------|
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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

02052008 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

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 Florithe obligations of registered agent. | da I am familiar with, and accept |
|--|-----------------------------------|
| SIGNATURE  | DATE                              |

#### FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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 |   | GENERAL PARTNER INFORMATION  |
|---------------------------------|---|--|
|                                 | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP              | WARFIELD, STEVEN<br>1218 PARK AVENUE, SUITE 1<br>ORANGE PARK, FL 32073 |
| CILCUR LIENE                    | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP              | ·  |
|                                 | DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP           |  |
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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 emprevered to a security into the content of the limited partnership or the receiver or trustee emprevered to a security into the content of the limited partnership or the receiver or trustee emprevered to a security into the content of the limited partnership or the receiver or trustee.

SIGNATURE

SIGNATURE MID TO ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #