## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L00000010463

1. Entity Name

BNP CONSTRUCTION CONCEPTS, LLC



Principal Place of Business

26901 CLARKSTON DRIVE, SUITE 11023 BONITA SPRINGS, FL 34135 Mailing Address

26901 CLARKSTON DRIVE, SUITE 11023 BONITA SPRINGS, FL 34135

## FILED May 11, 2004 8:00 am Secretary of State

05-11-2004 90002 046 \*\*\*\*50.00

24071555



04142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For S9-3668339 Not Applied For Not Applied For Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, BRUCE N 26901 CLARKSTON DRIVE, SUITE 11023 BONITA SPRINGS, FL 34135

				**				
	DO		N	Ŋ	ΓV	NR	IT	Έ
	~			4.0			·	
- 7		, T.	6			11.		
٠.	IN	/ v.	Ή	IIS	S	PA	C	Ε

BONITAS	PRINGS, FL 34135	IN THIS SPACE
	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	d Agent signature required when reinstalting) DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2004	
9.	MANAGING MEMBERS/MANAGERS	The state of the second of the property of the second of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD PALMER, BRUCE N 28400 DEL LAGO WAY: 1, UNIT 90 BONITA SPRINGS, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Druce Salmer

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

4/29/04

239-947-0491

Daytime Phone #