


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000010050</b> 1. Entity Name BP PROPERTIES, LLC	
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Principal Place of Business 5220 SOUTH MANHATTAN AVE. TAMPA, FL 33611	Mailing Address 5220 SOUTH MANHATTAN AVE. TAMPA, FL 33611
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 22-3850970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WATERS, CODY W 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602
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**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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

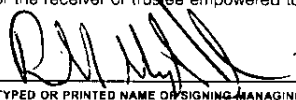
0000000856159  
03/27/08-80079-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM JENKINS, RICHARD B 5220 S MANATTAN AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM JENKINS, STEPHEN R 5220 S MANHATTAN AVENUE TAMPA, FL 33611
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**DO NOT WRITE  
IN THIS SPACE**

11. 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 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: \_\_\_\_\_



R. Stephen Jenkins

3-10-08

(813)839-6565

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

Date

Daytime Phone #