2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000016791~ 04-17-2002 90036 006 ****50.00 BPG, L.L.C. Principal Place of Business Mailing Address 86322 14009 SW 140TH STREET 14008 SW 140TH STREET MIAMI FL 33186 MIAMU FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Zip Not Applicable Country Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. MANNUING MOMBEL ADDITIONS/CHANGES TITLE ☐ Delete TITLE JOHN CADEN ☐ Change ☐ Addition 144 SEVERINO Dr. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Defete TITI F NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am a managing member or manager of the imitted liability company or the receiver or distinct entry are to execute this report as required by Chapter 608, Florida Statutes.

MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESI

FILED

(9/01

CR2E083