

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90016 019 \*\*\*\*50.00

**DOCUMENT # L02000002928**



1. Entity Name  
**B & P PROPERTY MANAGEMENT, LLC**

Principal Place of Business

**9390 WICKHAM WAY  
ORLANDO FL 32836**

Mailing Address

**9390 WICKHAM WAY  
ORLANDO FL 32836**

2. Principal Place of Business

**1007 E. VINE STREET**

3. Mailing Address

**200 E. Robinson Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 500**

City & State

**KISSIMEE FLORIDA**

City & State

**Orlando, FL**

4. FEI Number

**03-0385389**

Applied For

Not Applicable

Zip

**34744**

Country

**USA**

Zip

**32801**

Country

**USA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PAUQUET, THIERRY A  
2369 WHISPETING MAPLE DRIVE  
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **Hendry, Stoner, Delamatt + Brown, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 E. Robinson Street**  
**SUITE 500**  
City **Orlando** FL Zip Code **32801**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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**MGRM**  
**SYLVAIN BREIN**  
**9390 WICKHAM WAY**  
**ORLANDO FL 32836**

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:** **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)