

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 500



CHECK HERE IF MAKING CHANGES

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

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.
Hendry, Stoner, Delamatt + Brown, P.A.
SIGNATURE **BY: [Signature]** 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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)