2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # L0200004098 1. Entity Name B.P. DEVCO, L.L.C.							01-23-2006 90227 001 ****50.00			
Principal Place of Business Mailing Address										
2190 J&C BLVD		2190 J&C BLVD			20002187					
NAPLES, FL 34109		NAPLES, FL 34109			"			at i (ii 3 at i		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEI Numl 04-36:				plied For t Applicable
Zíp	Country		<i>Z</i> ip	Coun	try	5. Certificat	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Addr	ess of Current R	egistered Agent		Nema	7. Name an	d Address of New	Registered A	\gent	
HEURERM	MANTPAUL KESC)	-		Name	<u></u>	<u> </u>			
ROETZEL & ANDRESS 580 PARK SHORE DR THIRD FLOOR					Street Addre	ess (P.O. Box Num	per is Not Acceptab	le)		
NAPLES, F	FL 34103							·		
					City			FL	Zip Code	•
	named entity submits ions of registered agen		the purpose of changing its	registere	ed office or reg	gistered agent, or b	oth, in the State of F	lorida. I am f	familiar with,	and accept
SIGNATURE .	Signature, lyped or printed nam	ne of registered agent an	d title if applicable (NOT	É Registere	d Agent signature rec	equired when reinstaling)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006										
								ke check p Ia Departm	-	2
	ue by May 1, 200		S/MANAGERS	10.			Florid	-	ent of State	2
9. TITLE	MAN MGR	AGING MEMBER	S/MANAGERS	TITLE	I		Florid	ia Departm	ent of State	⊇ Addition
9. TITLE NAME	MAN MGR MULLERSMAN, S	AGING MEMBER		TITLE NAM	iE]		Florid	ia Departm	ent of State	
9. TITLE	MAN MGR	NAGING MEMBER TEVEN J		TITLE NAM STRE	I		Florid	ia Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MAN MGR MULLERSMAN, S' 2190 J&C BLVD	NAGING MEMBER TEVEN J		TITLE NAM STRE	ET ADDRESS -ST-ZIP		Florid	ia Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAN MGR MULLERSMAN, S' 2190 J&C BLVD	NAGING MEMBER TEVEN J	□ Delete	TITLE NAM STRE CITY TITLE	EET ADDRESS -ST-ZIP E		Florid	ia Departm	Change	Addition
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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.

12/06 239-591-0100