

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000018161

1. Entity Name
BPGS, LLC



Principal Place of Business

**1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442**

Mailing Address

**1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442**



04212006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0574561

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAY, JAMES K ESQ
KAY LAW OFFICE
700 VILLAGE SQUARE CROSSING, STE 102B
PALM BEACH GARDENS, FL 33410**

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

000000540926
05/10/06-80037-010 55.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
REIBLING, GUENTHER
1350 E NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
KASSOF, LINDA
1350 E NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
GOVAN, CRAIG
1350 E NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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

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

Linda G. Kassof

04/27/2006

(954) 428-4585

Date

Daytime Phone #