


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90222 019 \*\*\*\*50.00

<b>DOCUMENT # L02000023161</b>	
1. Entity Name BPS & ASSOCIATES, LLC	

Principal Place of Business 4006 PEPPER TRACE DRIVE WESTON, FL 33332	Mailing Address 4006 PEPPER TRACE DRIVE WESTON, FL 33332
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14023665



2. Principal Place of Business 2806-2 WESTON RD	3. Mailing Address 2806-2 WESTON RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212003 Chg-LLC CR2E083 (10/03)

City & State WESTON, FL	City & State WESTON, FL
Zip 33331	Zip 33331
Country US	Country US

4. FEI Number 22-3870824	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TOVAR, ILEANA ARIAS ESQ 1725 MAIN STREET STE. 205 WESTON, FL 33326		7. Name and Address of New Registered Agent Name TOVAR, ILEANA ARIAS ESQ Street Address (P.O. Box Number is Not Acceptable) 1725 MAIN STREET SUITE 205 City WESTON FL Zip Code 33326	
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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 TOVAR ILEANA ARIAS	DATE 05/27/04

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRAITIS, SONIA 4006 PEPPER TRACE DRIVE WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRAITIS SONIA 4006 PEPPER TRACE DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRACCO, SERGIO 4006 PEPPER TRACE DRIVE WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRACCO SERGIO 4006 PEPPER TRACE DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRAITIS, WALDEMAR 4006 PEPPER TRACE DRIVE WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRAITIS WALDEMAR 4006 PEPPER TRACE DRIVE WESTON, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SONIA PETRAITIS	DATE: 05/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	