

## ANNUAL REPORT (AR)

DOCUMENT # L03000008969

1. Entity Name

BP ENTERPRISES OF FLORIDA, L.L.C.



**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

Mailing Address

1700 SOUTH OCEAN BOULEVARD, APT. 20-C  
POMPANO BEACH FL 330621700 SOUTH OCEAN BOULEVARD, APT. 20-C  
POMPANO BEACH FL 33062

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

16-1657127

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALAN CAHAN, RICHARD J ESQ.  
 C/O BECKER & POLIAKOFF, P.A.  
 5201 BLUE LAGOON DRIVE, SUITE 100  
 MIAMI FL 33126-2065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 transferring)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
 NAME MR. BARRY JEROLD PAUL  
 STREET ADDRESS 1700 SOUTH OCEAN BOULEVARD, APT. 20-C  
 CITY- ST- ZIP POMPAÑO BEACH FL 33062

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Delete  
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 CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Barry Paul* **Barry Paul** 2-26-07 9547840969