

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90187 037 ****50.00

DOCUMENT # L03000034519

1. Entity Name
BP PROPERTY DEVELOPMENT, LLC



Principal Place of Business
2049 COUNTRY CLUB DRIVE
DAYTONA BEACH, FL 32128

Mailing Address
C/O DEWEY & MILLER, LLP
PO BOX 19330
GREENSBORO, NC 27419

20007336



2. Principal Place of Business

3. Mailing Address
DEWEY & COMPANY, LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-LLC CR2E083 (11/05)

City & State
PORT ORANGE, FL

City & State

4. FEI Number
80-0076256

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

PARSONS, BENNY
2049 COUNTRY CLUB DRIVE
DAYTONA BEACH, FL 32128

7. Name and Address of New Registered Agent

Name

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

City **PORT ORANGE**

FL

Zip Code **32128**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARONS, BENJAMIN S
2049 COUNTRY CLUB
DAYTONA BEACH, FL 32128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRIS, SCOTT J
2575 LINDEN STREET
ORMOND BEACH, FL 32174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PARSONS, TERESA E
2049 COUNTRY CLUB
PORT ORANGE, FL 32128 ☐ Change ☒ Addition

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

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

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☐ Change ☐ Addition

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

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: **Benny Parsons**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-8-2006
Date

386 304 4576
Daytime Phone #