## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # L03000052025 1. Entity Name 02-25-2004 90281 019 \*\*\*\*50.00 BPH INVESTORS, LLC Principal Place of Business Mailing Address 125 5TH STREET SOUTH 125 5TH STREET SOUTH 16957059 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE Applied For City & State City & State 4. FEI Number 20-6456930 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERETICK, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 125 5TH STREET SOUTH ST. PETERSBURG FL 33701 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. **MGRM** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME E.B.J., INC. NAME STREET ADDRESS STREET ADDRESS 200 RACQUET CLUB ROAD CITY-ST-7IP CITY-ST-ZIP ASHEVILLE NC 28803 ☐ Change ☐ Addition TITLE MGRM Delete TITLE MAME POWELL, PHILIP J TRUSTEE NAME STREET ADDRESS STREET ADDRESS 125 5TH STREET SOUTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33701 ☐ Change ☐ Addition ☐ Delete TITIE TITLE NAME NAME HERETICK, KENNETH W STREET ADDRESS STREET-ADDRESS 125 5TH STREET SOUTH CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNI

**FILED**