

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025087

FILED
Feb 03, 2005
Secretary of State

Entity Name: BP PROPERTIES GROUP, LLC

Current Principal Place of Business:

8188 PALOMINO DR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

8188 PALOMINO DR
LAKE WORTH, FL 33467

New Mailing Address:

PO BOX 20486
WEST PALM BEACH, FL 33416

FEI Number: 20-0950097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CAMPBELL, THEODORE R MGRM
Address: 8188 PALOMINO DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Change (X) Addition
Name: CAMPBELL, LEILANI S MGRM
Address: 8188 PALOMINO DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Change (X) Addition
Name: SPRINGER, JEROME P MGRM
Address: 127 JAY COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LEILANI S. CAMPBELL

MGRM

02/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date