2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025087

Name:

Address:

City-St-Zip:

SPRINGER, SOPHIE

ROYAL PALM BEACH, FL 33411

127 JAY COURT

Entity Name: BP PROPERTIES GROUP, LLC

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8188 PALOMINO DR LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** PO BOX 20486 PO BOX 847 WEST PALM BEACH, FL 33416 FORT WHITE, FL 32038 FEI Number: 20-0950097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GERSON, GARY N 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401 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/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CAMPBELL, THEODORE R MGRM Name: Name: 8188 PALOMINO DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CAMPBELL, LEILANI S MGRM Name: Address: 8188 PALOMINO DRIVE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SPRINGER, JEROME P MGRM Name: Name: Address: 127 JAY COURT Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LEILANI S. CAMPBELL MGRM 03/26/2009