

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032468

Entity Name: BPI, LLC

FILED  
May 12, 2008  
Secretary of State

**Current Principal Place of Business:**

230 SE 11TH ST.  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

230 SE 11TH ST.  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

2401 E ATLANTIC BLVD.  
SUITE 400  
POMPANO BEACH, FL 33062

FEI Number: 56-2458303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BUTTERFIELD, SPENCER  
101 NORTH RIVERSIDE DRIVE  
SUITE 212  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

WELCH, DAVID D ESQ  
2401 E ATLANTIC BLVD.  
SUITE 400  
POMPANO BEACH, FL 33062 US

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: DAVID D. WELCH

05/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BUTTERFIELD, SPENCER  
Address: 230 SE 11TH ST.  
City-St-Zip: POMPANO BEACH, FL 33060 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BUTTERFIELD, SPENCER  
Address: SLIP HOUSE, #1 OLD SLIP HOUSE  
City-St-Zip: PEMBROKE, BM HM06 BM

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.

SIGNATURE: SPENCER BUTTERFIELD

MGR

05/12/2008

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