
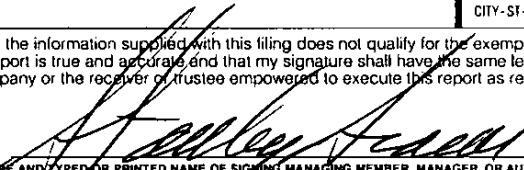


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90042 032 ****50.00

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # L04000034088 1. Entity Name BPM, L.L.C. | | | |  | |
| Principal Place of Business 195 AUDUBON BOULEVARD NAPLES, FL 34110 US | | | Mailing Address 6310 SAN VINCENTE BOULEVARD SUITE 250 LOS ANGELES, CA 90048 US | | |
| 2. Principal Place of Business | | 3. Mailing Address 6310 SAN VICENTE BL #250 Suite, Apt. #, etc. SUITE 250 | | | |
| Suite, Apt. #, etc. | | City & State LOS ANGELES, CA | | | |
| City & State | | City & State LOS ANGELES, CA | | 4. FEI Number 52-2453961 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 90048 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SKRIVAN, KENT A ESQ. BUTZEL LONG 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRAUN, STANLEY 195 AUDUBON BOULEVARD NAPLES, FL 34110 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date 4/20/06 Daytime Phone # | | | | | |