

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052485

FILED
Feb 17, 2005
Secretary of State

Entity Name: BPS&H LLC

Current Principal Place of Business:

PMB 225 2109 US HWY 90 WEST
SUITE 170
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

PMB 225 2109 US HWY 90 WEST
SUITE 170
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 80-0114649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRIX, SABRINA K
436 SW BISHOP AVENUE
LAKE CITY, FL 32024 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: MGRM () Delete
Name: SH ENTERPRISES,
Address: PMB 225 2109 US HWY 90 W , SUITE 170
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGRM (X) Delete
Name: SMITH, JENNIFER J
Address: 436 SW BISHOP AVENUE
City-St-Zip: LAKE CITY, FL 32024 US

Title: MGRM () Delete
Name: POPE, JAMES G
Address: RT 22 BOX 29471
City-St-Zip: LAKE CITY, FL 32024 US

Title: MGRM () Delete
Name: POPE, JEWELL M
Address: RT 22 BOX 29471
City-St-Zip: LAKE CITY, FL 32024

Title: MGRM () Delete
Name: BOWEN, KENNETH M
Address: 519 DUCKETT COURT
City-St-Zip: LAKE CITY, FL 32024

Title: MGRM () Delete
Name: BOWEN, VICKI I
Address: 519 DUCKETT COURT
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SABRINA K HENDRIX

MGRM

02/17/2005

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