

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

RECEIVED
FILED FEB 20 2007



DOCUMENT # L05000000021			
1. Entity Name BPCGL, LLC			
Principal Place of Business 4890 BAYOU BOULEVARD PENSACOLA FL 32503		Mailing Address 4890 BAYOU BOULEVARD PENSACOLA FL 32503	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2007 APR 30 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BEGGS & LANE, RLLP 501 COMMENDENCIA STREET PENSACOLA FL 32502				Name <i>James S. Campbell</i>							
				Street Address (P.O. Box Number is Not Acceptable) <i>Beggs + Lane RLLP</i>							
				City <i>Pensacola</i>				State FL		Zip Code <i>32502</i>	

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: *4/3/07*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECK, GREG			NAME			
STREET ADDRESS	4890 BAYOU BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 2-22-07 850-477-7044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #