

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008873

Entity Name: BP ENTERPRISES USA, LLC

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

1700 SOUTH OCEAN BLVD.
APT. 20-C
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

1700 SOUTH OCEAN BLVD.
APT. 20-C
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

WEINBERG, STEVEN A
7805 S.W. 6TH COURT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

PAUL, BONNIE
1700 S OCEAN BLVD
APT 20C
LAUDERDALE BY THE SEA, 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: BONNIE PAUL

05/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAUL, BARRY J
Address: 1700 SOUTH OCEAN BLVD. #20-C
City-St-Zip: POMPAO BEACH, FL 33062 US

Title: MGRM () Delete
Name: PAUL, BONNIE F
Address: 1700 SOUTH OCEAN BLVD. #20-C
City-St-Zip: POMPAO BEACH, FL 33062 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
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 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: BONNIE PAUL

MANA

05/07/2008

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