FILED Feb 09, 2006 8:00 am Secretary of State 01-17-2006 90060 009 ****50.00

OCUMENT # L05000025750 Entity Name (BP INVESTMENTS, L.L.C.)				30.00 T				
Principal Place of Business Mailing Address 9360 SUNSET DRIVE, SUITE 245 MIAMI, FL 33173 MIAMI, FL 33283-2468				4 :1 1 : 7 1 1 1	N 68181 680 6818 6618 661	8 8 3 11 4 13 13 1	fan ibeblûbin op	15 1 11 111 1 31 1
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				01062006	Chg-LLC	CR2E	083 (11/05)	·
City & State	tie City & State		4. F		0667103		⊢	optied For ot Applicable
Zip Country	Zip Count		ry		ol Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent			Name	7. Name an	d Address of New R	egistered	Agent	
GONZALEZ, O A 9380 SUNSET DRIVE, SUITE 245 MIAMI, FL 33173			Street Address (P.O. Box Number is Not Acceptable)					
			City	,		FL	Zip Code	•
The above named entity submits this statement I the obligations of registered agent.	or the purpose of changing its	registere	d office or register	ed agent, or bo	oth, in the State of Flo			and accept
SIGNATURE	AND STATE OF THE S	F. B	Agent signisture required		<u>, </u>	DATE		·
Filing Fee is \$50.00 Que by May 1, 2006						e check p	payable to sent of State	•
9. MANAGING MEMB	ERS/MANAGERS	10.		•	ADDITIONS/	CHANGES	<u> </u>	
TITLE MAWAGING MEMONIAE OTTO A- GONZA STREET ADDRESS 9360 SUNSET DO MIN-ST-ZIP MIN-MIL FL 3 3	resuire 245		i i			_	Change	Addition
TITLE HAME STREET ADDRESS CITY-SI-ZIP	☐ Celate		T ADORESS ST-ZIP				☐ Change	Addition
IITLE INAME STREET ADDRESS CITY-S1-ZP	☐ Delete	TOTLE NAME STREE					Change	Addition
IIILE NAME SUREI ADDRESS CITY-S1-ZIP	☐ Detete		T ADORESS SI-ZIP	<u>.</u>		, <u> </u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-72P	☐ Delete		I ADDRESS		. 0	No. 1	☐ Change .	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	Detete	TITLE NAME STREE	I ADDRESS SI-ZIP			<u> </u>	☐ Change	Addition
11. I hereby certify that the information supplied with the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of trusted empowered to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND SOME OF MINITED NAME OF BOXING MANAGENG MEMBER, MANAGENG OF AUTHORIZED REPRESENTATIVE Date: Description of the information supplied with the information indicated on this report as if made under cath; that I am a managing member or manager of the limited liability company or the received to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE: SIGNATURE AND SOME OF MINITED NAME OF BOXING MANAGENG MEMBER, MANAGENG								



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2006

KBP INVESTMENTS, L.L.C. P.O. BOX 832468 MIAMI, FL 33283-2468

Subject: KBP INVESTMENTS, L.L.C.

Reference Number:

-L05000025750

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION