


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:50

DOCUMENT # L05000052346 1. Entity Name BP4HOME.L.L.C.					
Principal Place of Business 1001 SOUTH FLAGLER DRIVE SUITE 101 WEST PALM BEACH, FL 33401 US			Mailing Address 1001 SOUTH FLAGLER DRIVE SUITE 101 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	09112006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 26-0119430				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAPADIMITRIOU, JAMES 1644 OLD CYPRESS TRAIL WELLINGTON, FL 33414			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 September 15, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECERRA, HENRY		NAME		
STREET ADDRESS	19101 SENECA AVEUNUE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33332		CITY-ST-ZIP	300080458893 10/04/06--01033--015 **50.00	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECERRA, ELIZABETH		NAME		
STREET ADDRESS	19101 SENECA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33332		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPADIMITRIOU, JAMES		NAME		
STREET ADDRESS	1644 OLD CYPRESS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPADIMITRIOU, FANNY		NAME		
STREET ADDRESS	1644 OLD CYPRESS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			9/12/06 Date		
			Daytime Phone #		