

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054073

FILED
Mar 24, 2009
Secretary of State

Entity Name: BPRC DEVELOPMENT, LLC

Current Principal Place of Business:

7171 NORTH DALE MABRY,
SUITE #501
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7171 NORTH DALE MABRY,
SUITE #501
TAMPA, FL 33614

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, EDWARD W MD
7171 NORTH DALE MABRY
SUITE #501
TAMPA, FL 33614 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/MANAGERS:

Title: MGRM () Delete
Name: BRAUN, EDWARD W MD
Address: 7171 NORTH DALE MABRY, SUITE #501
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: CRESPO, ISRAEL MD
Address: 7171 NORTH DALE MABRY, SUITE #305
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: PATEL, RAVINDRA MD
Address: 7171 NORTH DALE MABRY, SUITE #402
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: PATEL, SHARAD MD
Address: 7171 NORTH DALE MABRY, SUITE #402
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: RODRIGUEZ, CRES MD
Address: 7001 NORTH DALE MABRY, SUITE #11
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: ROSARIO, ANGEL MD
Address: 7171 NORTH DALE MABRY, SUITE #305
City-St-Zip: TAMPA, FL 33614

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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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 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: EDWARD W BRAUN MD

MGRM

03/24/2009

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