


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

17

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90140 004 \*\*\*\*50.00

|   |                                 |     |  |   |  |
|---|---------------------------------|-----|--|---|--|
| <b>DOCUMENT # L05000079663</b>  |                                 |     |  |  |  |
| 1. Entity Name<br>BP LAND CLEARING, LLC   |                                 |     |  |   |  |
| Principal Place of Business<br>217 JOHN KNOX ROAD<br>TALLAHASSEE, FL 32303  |                                 |     | Mailing Address<br>217 JOHN KNOX ROAD<br>TALLAHASSEE, FL 32303 |   |  |
| 2. Principal Place of Business  |                                 |     | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |                                 |     | Suite, Apt. #, etc.  |   |  |
| City & State  |                                 |     | City & State   |   |  |
| Zip   | Country                         | Zip | Country  | 4. Filing Number<br><b>89-1158081</b>   |  |
| 5. Certificate of Status Destroyed <input type="checkbox"/>   |                                 |     |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>PARKER, ROBERT B<br/>217 JOHN KNOX ROAD<br/>TALLAHASSEE, FL 32303</b>   |                                 |     |  | 7. Name and Address of New Registered Agent                                       |  |
| Name  |                                 |     |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |
| City  |                                 |     |  | Zip Code  |  |
| 8. The above named entity submits this statement as to the obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida.   |                                 |     |  |   |  |
| SIGNATURE _____ DATE _____  |                                 |     |  |   |  |
| Filing Fee is \$50.00 Due by May 1, 2006  |                                 |     |  |   |  |
| Make check payable to Florida Department of State   |                                 |     |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| 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 and authorized to execute this report as required by Chapter 606, Florida Statutes. |                                 |     |  |   |  |
| SIGNATURE: _____  |                                 |     |  |   |  |

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01172006 Chg-LLC CR2E063 (11/05)

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete |

## 10. ADDITIONS/CHANGES

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment



30001838

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

BP LAND CLEARING, LLC  
217 JOHN KNOX ROAD  
TALLAHASSEE, FL 32303

Subject: **BP LAND CLEARING, LLC**

Reference Number: **L05000079663**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** 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.

/JE

ANNUAL REPORTS SECTION



ATTACHMENT

30001838

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

BP LAND CLEARING, LLC  
217 JOHN KNOX ROAD  
TALLAHASSEE, FL 32303

Subject: BP LAND CLEARING, LLC

Reference Number:

L05000079663

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

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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

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P.O. BOX 6478 - Tallahassee, Florida 32314