

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083038

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BPJ HOLDINGS, LLC

**Current Principal Place of Business:**

490 W TROPICAL WAY  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

490 W TROPICAL WAY  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 20-3350664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWARZ, REBECCA  
490 W TROPICAL WAY  
PLANTATION, FL 33317 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: SCHWARZ, REBECCA  
Address: 490 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: MGRM ( ) Delete  
Name: SCHWARZ, PETER  
Address: 490 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: MGRM ( ) Delete  
Name: SCHWARZ, JAIME  
Address: 490 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

**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:

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: REBECCA SCHWARZ

MGRM

04/30/2008

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