

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083038

FILED
Mar 20, 2009
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:

SCHWARZ, PETER
490 W TROPICAL WAY
PLANTATION, FL 33317 US

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: PETER SCHWARZ

03/20/2009

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: PETER SCHWARZ

MGRM

03/20/2009

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