2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT								FIL	Fr	١		
DOCUMENT # L06000027941 1. Entity Name												
BPS14, LLC								2007 MAR 26				
Principal Place of Business 9095 S.W. 87TH AVE.			Mailing Address 9095 S.W. 87TH AVE.			SECRETARY OF STATE TALLAHASSEE, FLORIDA						
SUITE 777 MIAMI, FL 33176			SUITE 777 MIAMI, FL 33176				! IN ENDINE	A BITT BINN FROM A FIN FRO	FF MALIN IISIN IS	I II 1881 A I I I I I I I I I I I I I I I I I I	FAA) ((5 163)	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082007	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State				4. FEI Numbe	er		/ /	oplied For ot Applicable	
Zip		Country Zip Cou		Coun	itry		5. Certificate	of Status Desired		\$5.00 Add		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
SHERRY, ALEX 9095 S.W. 87TH AVE.						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 777 MIAMI, FL												
				City					FL	Zip Cod	le	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$50.00 Make check payable to												
		y 1, 2007								nent of Stat	e	
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	CHANGES	5		
TITLE NAME			☐ Delete	TITLE		ם. בי	ld Simki			☐ Change	Addition	
STREET ADDRESS				SIRE	E1 ADDRESS	9095	5 SW 87	Avenue, S	uite 7	77	1/4	
CITY-ST-ZIP			☐ Delete	LITTE	-ST-ZIP	mio	mi FL	33176		☐ Channa	90	
NAME			C Detele	NAM		i	Fir	100951	35	Change	Addition	
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STREET ADDRESS CITY-ST-ZIP				STRE	et address - ST-ZIP							
TITLE NAME			☐ Delete	TITLE	-					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			1		ET ADDRESS -ST-ZIP							
11. I hereby certify that the information supplies with this filing does not calify of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accuracy and that my signature and 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 of trustee empowered to accurate this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: SIGNATURE AND TYPED ORPRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dispute Proces Disput												
	J	THE ONE AIMTED NAME OF	MANUAL MANUAL MEMBER, MAN	AGER, UR	ADINORKED	- KEPKESEN	TIMIIVE	Uate	- (Daytime Phone #		