

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

DOCUMENT # L06000052291



1. Entity Name  
BJP ENTERPRISES, LLC

SEC  
DIVISION

07 OCT 16 PM 3:43



Principal Place of Business  
2845 PEBBLE BEACH DRIVE  
NAVAREE FL 32566

Mailing Address  
2845 PEBBLE BEACH DRIVE  
NAVAREE FL 32566

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Post Office Box 887  
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State  
PENSACOLA FLORIDA

4. FEI Number  Applied For  
 Not Applicable

Zip Country  
32561 USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, DAVID G ESO  
204 CHURCH STREET EAST  
PENSACOLA FL 32501

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES                              |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Manager<br>Jeanne Pullum<br>2845 Pebble Beach Drive<br>Navarre, Florida 32566 <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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03/02/07-90189-044-\$50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jeanne Pullum 2/19/07 850-939-5838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #