

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069432

FILED  
Apr 21, 2007  
Secretary of State

Entity Name: BPCS LLC

**Current Principal Place of Business:**

2665 CLEVELAND AVE  
202C  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2665 CLEVELAND AVE  
202C  
FT MYERS, FL 33901

**New Mailing Address:**

PO BOX 1686  
FT MYERS, FL 33902

FEI Number: 20-5238884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRYANT, CHARLES E  
2665 CLEVELAND AVE  
202C  
FT MYERS, FL 33901 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: BRYANT, CHARLES E  
Address: 2665 CLEVELAND AVE STE 202C  
City-St-Zip: FT MYERS, FL 33901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: BRYANT, CHARLES E  
Address: 2665 CLEVELAND AVE STE 202C  
City-St-Zip: FT MYERS, FL 33901

Title: VP ( ) Change (X) Addition  
Name: BRYANT, DONNA L  
Address: 2665 CLEVELAND AVE STE 202C  
City-St-Zip: FT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA L BRYANT

VP

04/21/2007

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