



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2008 8:00 am
Secretary of State

05-15-2008 90081 010 ***150.00

DOCUMENT # L06000071326 1. Entity Name BP BOATING, LLC					
Principal Place of Business 172 E. INTERLAKE BLVD. LAKE PLACID, FL 33852			Mailing Address 172 E. INTERLAKE BLVD. LAKE PLACID, FL 33852		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM J. NIELANDER, PA 172 E. INTERLAKE BLVD. LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent 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 reconstituting) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NIELANDER, WILLIAM 172 E. INTERLAKE BLVD. LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DILLON, PETER 45 RYANT BLVD. SEBRING, FL 88870	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

30010071



01042008 Chg-LLC CR2E083 (12/06)

ATTACHMENT
WILLIAM J. NIELANDER, P.A.
ATTORNEY AT LAW

WILLIAM J. NIELANDER

Email: wjn@nielanders.com
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172 E. INTERLAKE BLVD.
LAKE PLACID, FL 33852
863-465-8181
FAX - 863-465-5614

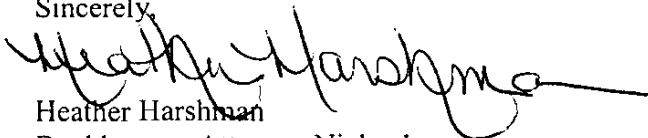
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6/27/08

Dear Sirs,

Please find enclosed the annual report for **BP Boating, LLC**. Your department returned this report to us as incomplete. Upon inquiring with your department and speaking with Jenna, she has directed me that the computer generated our report with "applied for" in the EIN box. She directed me to cross out the "applied for" and check the "not applicable" box and return the report to you. She also stated that there will be no late fee. Thank you for your time on this matter. If you have any question I am in the office on Fridays at 863-465-8181.

Sincerely,


Heather Harshman
Bookkeeper, Attorney Nielanders