FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90020 020 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000072964

1. Entity Name
BP 103, LLC

60040031

Principal Place of Business	Mailing Address
845 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228	845 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228

04082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCLAUGHLIN, THOMAS J
200 S ORANGE AVE
SARASOTA, FL 34236

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 MCKEE, MIKE B 845 LONGBOAT KEY CLUB RD LONGBOAT KEY, FL 34228	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Michele P. McKee Michele P. McKEE 4-30-08 941 3633977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
WDA0031
#C06000072964

from
Michele McKee
845 Longboat Club Rd.
Longboat Key, FL
34228
941-383-3977

May 1, 2008

Dear Sir,

Due to an oversight I failed to include a check for $138.75 in each of the original forms I sent earlier today. I am, in good faith, trying to rectify that error today. Copies of the previously sent forms are included, as well as the copies of the return receipts for them. I am headed to the post office now, and hope that sending this info and checks now, it can be matched with the original forms that will arrive with out checks.

Thank you for your help,
Taxpayers Michele P. McKee 487-48-2017
Mike B. McKee 499-44-3725

BP 103, LLC 26-236837-0 (FEIN)
BP 104, LLC 26-2368506 (FEIN)

7008 0150 0003 0195 8104

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
TALLAHASSEE FL 32314
OFFICIAL USE

Postage	$ $0.80	0220
Certified Fee	$2.65	09
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.60	05/01/2008

Sent To: Division of Corporation
Street, Apt. No.; or PO Box No.: PO Box 6478
City, State, ZIP+4: Tallahassee FL 32314

PS Form 3800, August 2006 See Reverse for Instructions

7008 0150 0003 0195 8111

U.S. Postal Service™
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Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.60	05/01/2008

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Street, Apt. No.; or PO Box No.: P.O. BOX 6478
City, State, ZIP+4: Tallahassee, FL 32314

PS Form 3800, August 2006 See Reverse for Instructions

ATTACHMENT

600400 31

L06000072964

MIKE B. OR MICHELE P. McKEE
JEFF OR GREGORY P. McKEE
845 LONGBOAT CLUB ROAD PH. 941-383-3977
LONGBOAT KEY, FL 34228-3803

63-1105 912
631
7040002552

6035

DATE 5-1-08

PAY TO THE ORDER OF Florida Dept of State $ 138.75

One hundred thirty eight and 75/100 DOLLARS

NORTHERN TRUST, NA

Northern Trust

NORTHERN TRUST ANCHOR ACCOUNT

MEMO 26-2368270

Michele P. McKee MP

MIKE B. OR MICHELE P. McKEE
JEFF OR GREGORY P. McKEE
845 LONGBOAT CLUB ROAD PH. 941-383-3977
LONGBOAT KEY, FL 34228-3803

63-1105 912
631
7040002552

6036

DATE 5-1-08

PAY TO THE ORDER OF Florida Dept of State $ 138.75

One hundred thirty eight and 75/100 DOLLARS

NORTHERN TRUST, NA

Northern Trust FEIN: 26-2368506

NORTHERN TRUST ANCHOR ACCOUNT

MEMO 104

Michele McKee MP