

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90326 032 \*\*\*\*50.00

**60047093**



<b>DOCUMENT # L06000077617</b> 1. Entity Name <b>BPT 28, ETC., LLC</b>					
Principal Place of Business <b>13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225</b>			Mailing Address <b>13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225</b>		
2. Principal Place of Business - No P.O. Box # <b>700 PONTE VEDRA LAKES BLVD. PONTE VEDRA BEACH, FL 32082</b>		3. Mailing Address <b>700 PONTE VEDRA LAKES BLVD. PONTE VEDRA BEACH, FL 32082</b>			
City & State <b>FL</b>		City & State <b>FL</b>		4. FEI Number <b>04172007</b> Chg-LLC <b>CR2E083 (12/06)</b>	
Zip <b>32082</b>		Zip <b>32082</b>		Country <b>U.S.</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CFRA, LLC 4221 WEST BOY SCOUT BOULEVARD TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>CFRA, LLC</b> DATE <b>4/30/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mg. member J. Thomas Dodson 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mg member J. Thomas Dodson 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE: J. Thomas Dodson 4/30/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					