2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 25, 2008 8:00 am Secretary of State **DOCUMENT # L06000077617** 04-25-2008 90021 035 ***138.75 1. Entity Name BPT 28, ETC., LLC Principal Place of Business Mailing Address **60028665** 700 PONTE VEDRTA LAKES BLVD 700 PONTE VEDRTA LAKES BLVD PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State APPLIED FOR NOT APPLICATION Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OFRA; LLO Morris, Gregory D 4221 WEST BOY-SCOUT BOULEVARD-700 Ponte Vedra Lakes Blvd TAMPA, FL 33607 Ponte Vedra Beach, FL 32082 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 are SIGNATURE Make check payable to FILE NOW!!! FEE 1S \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Change ☐ Addition MGRM TITLE TITLE Delete DODSON, J. THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 700 PONTE VEDRA LAKES BLVD PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

J. Thomas Dodson

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED