2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 20, 2007 8:00 am
Secretary of State
02-28-2007 90150 017 ****55.00

DOCUMENT # L06000104308

1. Entity Name
BPRCH DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
7171 NORTH DALE MABRY, SUITE 501 TAMPA, FL 33614	7171 NORTH DALE MABRY, SUITE 501 TAMPA, FL 33614

02232007 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 20-5783153 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAUN, EDWARD W 7171 NORTH DALE MABRY, SUITE 501 TAMPA, FL 33614	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING PARTNER EDWARD W. BRAUN, MD 7171 N. DALE MABRY HWY #501 TAMPA, FL 33614 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING PARTNER ISRAEL CRESPO, MD 7171 N. DALE MABRY HWY #303 TAMPA, FL 33614 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING PARTNER CRES RODRIGUEZ MD 7001 N. DALE MABRY HWY #11 TAMPA, FL 33614 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING PARTNER ANGEL ROSARIO, MD 7171 N. DALE MABRY HWY #303 TAMPA, FL 33614 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING PARTNER RAVINDRA PATEL MD 7171 N. DALE MABRY HWY #402 TAMPA, FL 33614 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING PARTNER SHARAD PATEL, MD 7171 N. DALE MABRY HWY #402 TAMPA, FL 33614 ☐ 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: Edward W. Braun 2/23/2007 813-935-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

EDWARD W. BRAUN, MD, MANAGING PARTNER