

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000104308

1. Entity Name
BPRCH DEVELOPMENT, LLC



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

Mailing Address
**7171 NORTH DALE MABRY, SUITE 501
TAMPA, FL 33614**



03142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**BRAUN, EDWARD W
7171 NORTH DALE MABRY, SUITE 501
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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**

000000335434
04/18/08-R0013-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	DRAUN, EDWARD W MD
STREET ADDRESS	7171 NORTH DALE MABRY HWY #501
CITY-STATE-ZIP	TAMPA, FL 33614
TITLE	MGRP
NAME	CRESPO, ISRAEL MD
STREET ADDRESS	7171 NORTH DALE MABRY HWY #303
CITY-STATE-ZIP	TAMPA, FL 33614
TITLE	MGRP
NAME	RODRIGUEZ, CRES MD
STREET ADDRESS	7001 NORTH DALE MABRY HWY #11
CITY-STATE-ZIP	TAMPA, FL 33614
TITLE	MGRP
NAME	ROSARIO, ANGEL MD
STREET ADDRESS	7171 NORTH DALE MABRY HWY #303
CITY-STATE-ZIP	TAMPA, FL 33614
TITLE	MGRP
NAME	PATEL, RAVIN MD
STREET ADDRESS	7171 NORTH DALE MABRY HWY #402
CITY-STATE-ZIP	TAMPA, FL 33614
TITLE	MGRP
NAME	PATEL, SHARAD MD
STREET ADDRESS	7171 NORTH DALE MABRY HWY #402
CITY-STATE-ZIP	TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/01/08 813-935-3221