

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104308

FILED
Mar 24, 2009
Secretary of State

Entity Name: BPRCH DEVELOPMENT, LLC

Current Principal Place of Business:

7171 NORTH DALE MABRY, SUITE 501
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7171 NORTH DALE MABRY, SUITE 501
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-5783153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: EDWARD W BRAUN MD

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: DRAUN, EDWARD W MD
Address: 7171 NORTH DALE MABRY HWY #501
City-St-Zip: TAMPA, FL 33614

Title: MGRP () Delete
Name: CRESPO, ISRAEL MD
Address: 7171 NORTH DALE MABRY HWY #303
City-St-Zip: TAMPA, FL 33614

Title: MGRP () Delete
Name: RODRIGUEZ, CRES MD
Address: 7001 NORTH DALE MABRY HWY #11
City-St-Zip: TAMPA, FL 33614

Title: MGRP () Delete
Name: ROSARIO, ANGEL MD
Address: 7171 NORTH DALE MABRY HWY #303
City-St-Zip: TAMPA, FL 33614

Title: MGRP () Delete
Name: PATEL, RAVIN MD
Address: 7171 NORTH DALE MABRY HWY #402
City-St-Zip: TAMPA, FL 33614

Title: MGRP () Delete
Name: PATEL, SHARAD MD
Address: 7171 NORTH DALE MABRY HWY #402
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MD

MGRP

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date