

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117650

FILED  
May 01, 2008  
Secretary of State

Entity Name: BAP MANAGEMENT GROUP IV, LLC

**Current Principal Place of Business:**

5317 FRUITVILLE ROAD, STE 208  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5317 FRUITVILLE ROAD, STE 208  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 22-3949247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILONAS, TASO M  
1800 SECOND STREET, STE 884  
SARASOTA, FL 34236 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: POWELL, BERESFORD W  
Address: 5317 FRUITVILLE ROAD, STE 208  
City-St-Zip: SARASOTA, FL 34232

Title: MGR ( ) Delete  
Name: BRASWELL, GWENDOLYN P  
Address: 5317 FRUITVILLE ROAD, STE 208  
City-St-Zip: SARASOTA, FL 34232

Title: MGR ( ) Delete  
Name: POWELL, BERESFORD W II  
Address: 5317 FRUITVILLE ROAD, STE 208  
City-St-Zip: SARASOTA, FL 34232

**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:

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: BERESFORD W. POWELL

MGR

05/01/2008

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