

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121215

FILED
Apr 27, 2007
Secretary of State

Entity Name: BAP MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

5317 FRUITVILLE ROAD, SUITE 208
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5317 FRUITVILLE ROAD, SUITE 208
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 11-3810674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILONAS, TASO M
1800 SECOND STREET SUITE 884
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

04/27/2007

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