## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 22, 2008 8:00 am Secretary of State 04-30-2008 90041 023 \*\*\*138.75

DOCUMENT # LU/UUUU46455  1. Entity Name BP TREELINE, LLC						. 04-30-2008 90041 023 *** 138.73		
Principal Place of Business 6654-78TH AVENUE NORTH PINELLAS PARK, FL 33781			Mailing Address 6654-78TH AVENUE NORTH PINELLAS PARK, FL 33781				30003112	
2. Principal Place of Business - No P.O. Box •			3. Mailing Address					
Suite, Apt. ●, etc.			Suite, Apt. #, etc.			04282008	Chg-Lt.C CR2E083 (12/06)	
City & State			City & State			2 G - 130   G 9 G   Applied For   Nor Applicable		
Zip Country		Zip Country		ity	5. Certificate of Status Desired Security Fee Required			
6. Name and Address of Current Registered Agent  COCKEY, PRESTON O JR. 201 N. FRANKLIN STREET, STE. 3410  TAMPA, FL 33602					7. Name and Address of New Registered Agent  Name Street Address (P.O. Bek Number is Not Acceptable)  110 E. Madison St. Suite 204  Ciny Tampa FL Zip Code  gistered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept			
	ions of regist				d Ageni agneture required		DATE	
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make check payable to Florida Department of State	
9.		MANAGING MEMBER		10.			ADDITIONS/CHANGES	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR NOWAK, GREG A 6654-78TH AVENUE NORTH PINELLAS PARK, FL 33781		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chazoge ☐ Addision	
TITLE NAME STREET ADDRESS CITY-51-ZIP	MGR YEPES, CARLOS A 6654-78TH AVENUE NORTH PINELLAS PARK, FL 33781		☐ Delata	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change ☐ Addition	
TOTLE Name Street address City-St-Zip	MGR EWING, OWEN C 6654-78TH AVENUE NORTH PINELLAS PARK, FL 33781		NAM STRE	TITLE MAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE Mame Street address City-St-Zip	COMITOS, SPIRO A		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-7IP			☐ Change ☐ Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Defate		l l		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<b>I</b>	<del></del>	☐ Change ☐ Addition .	
indicated	on this repo	e information supplied with it is true and accurate and t my or the receiver or trustee	hat my signature shall have	the sam	e lecal effect as if n	nada undar ost	Rorida Statutes. I further certify that the information th; that I am a managing member or manager of the a Statutes.	
SIGNAT		AND TYPED OR PRINTED NAME OF	GRES	NACES CO	owak	ENTATIVE	4-28-08 727-536-86	