## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

508249900142 8/29/2008-90048-010-\$150.00-\$150.00

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L07000048921  1. Entity Name BAP LLC						08 OCT 15 AM II: 15			
Principal Place of Business 10959 SWANSFIELD RD COLUMBIA, MD 21044			Mailing Address 10959 SWANSFIELD RD COLUMBIA, MD 21044				DOM OTSHE BING BIRN SIN	500097	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #. etc.		08282008	Chg-LLC	CR2E083 (12/06		
City & State		City & State		4. FEI Number		/ <del></del>	Applied For lex Applicable		
Zip	Zip Country		Zip	Country		5. Certificate o	/ Status Desired	S5.00 Ac	iditional ed
	6. Name	and Address of Current	Registered Agent		Nome	7. Name and A	ddress of New R	egistered Agent	
WINIKOFF, ANDREW					Name				
902 CLINT 132				Street Address (P.O. Box Number is Not Acceptable)					
BOCA RAT	ION, FL 3	33487 % (3.)							
·				City				FL Zip Co	j
<ol> <li>The above the obligation</li> </ol>	named antity ions of registe	supposits this statement in ered agent.	or the purpose of changing its	s register	ed office or registe	red agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .	Synature, lyped	er present verne of registered agent	and title if assolicable (NO	E Registere	d Agent signature requires	d when (emplating)		DATE	
					607.193(2)(b), F.S., the limited Make check payable to not receive the prior notice. Florida Department of State				
		FEE IS \$138.75							ta
		FEE IS \$138.75	liability company di					Department of Sta	ta
9.	MGRM	FEE IS \$138.75 imber 12, 2008 MANAGING MEMBI	liability company di	d not rea	ceive the prior no	otice.	Florida	Department of Sta	ta Addition
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indicated on this report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING BEDUAGING BENDER WANDGER, OR AUTHORIZED REPRESENTATIVE Dule Charge Provi

624