

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 14, 2008 8:00 am
Secretary of State

05-22-2008 90513 037 ***138.75

DOCUMENT # L07000076277 1. Entity Name BW PIEDMONT, LLC					
Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 C/O BUTTERS REAL ESTATE FUNDS, LLC COCONUT CREEK, FL 33073			Mailing Address 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 C/O BUTTERS REAL ESTATE FUNDS, LLC COCONUT CREEK, FL 33073		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		30010360 	
City & State		City & State		4. FEI Number 26-0612-324	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUK, JANE A 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					