

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070168

FILED
Apr 10, 2009
Secretary of State

Entity Name: JM & BP ENTERPRISES LLC

Current Principal Place of Business:

1221 SW BARGLLO AVE
PT ST LUCIE, FL 34953 US

New Principal Place of Business:

5903 NW FAVIAN AVE
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

1221 SW BARGLLO AVE
PT ST LUCIE, FL 34953 US

New Mailing Address:

5903 NW FAVIAN AVE
PORT ST LUCIE, FL 34986 US

FEI Number: 90-0402851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCANO, JUAN
1221 SW BARGLLO AVE
PT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

PATEL, BAKUL
5903 NW FAVIAN AVE
PT ST LUCIE, FL 34986 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: PATEL BAKUL

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARCANO, JUAN
Address: 1221 SW BARGLLO AVE
City-St-Zip: PT ST LUCIE, FL 34953 US

Title: MGRM () Delete
Name: PATEL, BAKUL
Address: 1795 FAVIAN AVE
City-St-Zip: PT ST LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PATEL, BAKUL
Address: 5903 NW FAVIAN AVE
City-St-Zip: PT ST LUCIE, FL 34986 US

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: PATEL BAKUL

MGRM

04/10/2009

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