

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000105783

FILED
May 01, 2010
Secretary of State

Entity Name: BMP INVESTMENTS LLC

Current Principal Place of Business:

5781 LEE BLVD
208-305
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

5781 LEE BLVD
208-305
LEHIGH ACRES, FL 33971 US

New Mailing Address:

FEI Number: 01-0935874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QUINN, PATRICK J
5781 LEE BLVD
208-305
LEHIGH ACRES, FL 33971 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: QUINN, PATRICK J
Address: 11083 LAKELAND CIRCLE
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGR
Name: FLORKEY, CHESTER F JR.
Address: 8736 GROVE RD
City-St-Zip: FORT MYERS, FL 33967 US

Title: MGR
Name: FLORKEY, DEBORAH M
Address: 8736 GROVE RD
City-St-Zip: FORT MYERS, FL 33967 US

Title: MGR
Name: FLORKEY, ERIC A
Address: 9747 BLUE STONE CIRCLE
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGR
Name: FLORKEY, KRISTINA E
Address: 9747 BLUE STONE CIRCLE
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGR
Name: QUINN, PAMELA K
Address: 11083 LAKELAND CIRCLE
City-St-Zip: FORT MYERS, FL 33913 US

I hereby 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: PATRICK J. QUINN

MGR

05/01/2010

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