2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # L99000009088 B.P. LIMITED LIABILITY COMPANY Principal Place of Business Mailing Address 15210 WAYZATA BLVD. 15210 WAYZATA BLVD. WAYZATA, MN 55391-1439 WAYZATA, MN 55391-1439 03152005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2510759 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUTLER, GAREY F DO NOT WRITE HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET, SUITE 301 IN THIS SPACE FORT MYERS, FL 33901 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MÁNAGING MEMBERS/MANAGERS TITLE MGRM NESLUND, RICHARD NAME STREET ADDRESS 15210 WAYZATA BLVD. CITY-ST-ZIP WAYZATA, MN 553911439 1100000332855 TITLE 04/26/05-80074-018 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal 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.

Richard Neslund, Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE