

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000009088 1. Entity Name B.P. LIMITED LIABILITY COMPANY	
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Principal Place of Business 15210 WAYZATA BLVD. WAYZATA, MN 55391-1439	Mailing Address 15210 WAYZATA BLVD. WAYZATA, MN 55391-1439
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03102006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number 58-2510759	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BUTLER, GAREY F HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET, SUITE 301 FORT MYERS, FL 33901

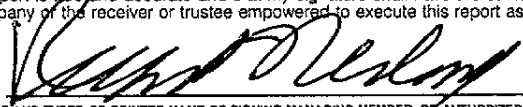
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NESLUND, RICHARD 15210 WAYZATA BLVD. WAYZATA, MN 553911439
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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: 	4.21.06 239 466 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #