2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000000024

1. Entity Name
BOPH LLC

Principal Place of Business	Mailing Address
9801 INTERNATIONAL DRIVE ORLANDO, FL 32819	9801 INTERNATIONAL DRIVE ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0506111
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE
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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BELZ, JACK A
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	MGR
NAME	BELZ, RONALD A
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	MGR
NAME	BELZ, MARTIN S
STREET ADDRESS	5118 PARK PLACE, SUITE 1400
CITY-ST-ZIP	MEMPHPIS, TN 38117
TITLE	MGR
NAME	WILLIAMS, JIMMIE D
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	MGR
NAME	UVA, KENNETH J
STREET ADDRESS	1209 ORANGE STREET
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000456298
03/16/06-80024-002 50.00

DO NOT WRITE IN THIS SPACE

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: _____ Jimmie D Williams 3/11/06 901-260-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #