ுல்05 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # M0400001126 1. Entity Name BP GRAHAM, LLC						04-22-2005	90049 045 ****	50.00	
Principal Place of Business 2200 WOODCREST PLACE, SUITE 210 BIRMINGHAM, AL 35209 Address 2200 WOODCREST PLACE BIRMINGHAM, AL 35209 BIRMINGHAM, AL 35209			CE, SUITE	E 210		20040)456	. •	
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142005	Chg-LLC	CR2E083 (10/0	3)		
City & State		City & State		· · · · · · -	4. FEI Numb	-08880c	96 F	Applied For Not Applicable	
Žip	Country	Zip	Countr	У		of Status Desired	□ \$5.00 Fee Requ		
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New F			
				Name (Ira ho d (Topa no					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATI	ON, FL 33324			450	0 Salis	bury Ro		2 180	
				City T	ب سام	11) -	FI Zip C	ode	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	d office or regi	istered agent, or bo	th, in the State of Flo	orida. I am familiar w	th, and accept	
	ions of registered agent.		•	J	•		, ,		
SIGNATURE .	VV X AV	rem	D		quired when reinstating)	4	(15/05 DATE		
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Filling Fee is \$50.00 Due by May 1, 2005									
Fi	lling Fee is \$50.00 ue by May 1, 2005		<u> </u>				ke check payable t a Department of S		
Fi D	ue by May 1, 2005		10.		•	Florid	a Department of S		
D:	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEF MGR						a Department of S	ate	
9.	ue by May 1, 2005 MANAGING MEMBEF	S/MANAGERS	10.	T ADDRESS		Florid	a Department of S	ate	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR GRAHAM, H. MICHAEL 2200 WOODCREST PLACE, SUIT	S/MANAGERS	TO. THE NAME STREET CITY-S	T ADDRESS ST-ZIP	a construction	Florid	a Department of S	e Addition	
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	MANAGING MEMBER MGR GRAHAM, H. MICHAEL 2200 WOODCREST PLACE, SUIT BIRMINGHAM, AL 35209	S/MANAGERS Delete TE 210	TO. TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP		Florid	a Department of S /CHANGES Chang	e Addition	
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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 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(15(85)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #