

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # M05000004821



1. Entity Name
BP-RP HOLLYWOOD, LLC

Principal Place of Business 9601 WILSHIRE BLVD., SUITE 260 BEVERLY HILLS CA 90210	Mailing Address 9601 WILSHIRE BLVD., SUITE 260 BEVERLY HILLS CA 90210
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E083 (10/06)

City & State	4. FEI Number 20-3376043	Applied For <input type="checkbox"/> Not Applicable
--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UCC FILING & SEARCH SERVICES 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE FL 32309	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, STUART		NAME		
STREET ADDRESS	9601 WILSHIRE BLVD., SUITE 260		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90210		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHULSKI, RICHARD		NAME		
STREET ADDRESS	9601 WILSHIRE BLVD., SUITE 260		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90210		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIESERMAN, JASON		NAME		
STREET ADDRESS	9601 WILSHIRE BLVD., SUITE 260		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90210		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, BRUCE		NAME		
STREET ADDRESS	9601 WILSHIRE BLVD., SUITE 260		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90210		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMINOFF, HOWARD		NAME		
STREET ADDRESS	9601 WILSHIRE BLVD., SUITE 260		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA 90210		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

U00000645913
03/06/07-80008-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #