2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 661350

Entity Name: BFC FINANCIAL CORPORATION

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
	PRESS CREEI DERDALE, FL							
Current Mailing Address:					New Mailing Address:			
PO BOX 54	SAUNDERS 03 RDALE, FL 33	310 US						
FEI Number:	59-2022148	FEI Number Ap	olied For()	FEI Num	ber Not Appli	cable ()	Certificat	e of Status Desired ()
Name and	Address of Cu	ırrent Registe	red Agent:		Name and	Address o	f New Regi	stered Agent:
	AN B. PRESS CREEI DERDALE, FL							
The above in the State		ubmits this state	ement for the pu	rpose of	changing it	s registere	d office or re	egistered agent, or both,
SIGNATUR	E:							
Electronic Signature of Registered Agent								Date
Election Cam	paign Financing	Trust Fund Conti	ribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () E LEVAN, ALAN B. 2100 W CYPRES FORT LAUDERD				Title: Name: Address: City-St-Zip:		() Change() Addition
Title: Name: Address: City-St-Zip:	D () E PERTNOY, EARL 2100 W CYPRES FORT LAUDERD	SS CREEK RD			Title: Name: Address: City-St-Zip:		(X) Change(N,E PRESS CREE ERDALE, FL	K RD
Title: Name: Address: City-St-Zip:	O () E JOHN K. GRELLI 2100 W CYPRES FORT LAUDERD	SS CREEK RD			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () E ABDO, JOHN, E 2100 W CYPRES FORT LAUDERD	SS CREEK RD			Title: Name: Address: City-St-Zip:	STERLING, 2100 W CY	(X) Change(NEIL PRESS CREEI ERDALE, FL	K RD
Title: Name: Address: City-St-Zip:	D ()E HOLZMANN, OSO 2100 W CYPRES FORT LAUDERD	SS CREEK RD			Title: Name: Address: City-St-Zip:		() Change() Addition
Title: Name: Address: City-St-Zip:	D (X) I STERLING, NEIL 2100 W CYPRES FORT LAUDERD	SS CREEK RD			Title: Name: Address: City-St-Zip:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN B. LEVAN PD 04/21/2009