

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123215

Entity Name: BF INV, LLC

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

15822 TOWER VIEW DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

15822 TOWER VIEW DRIVE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-8141389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRIE, LYNN
15822 TOWER VIEW DRIVE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: CRIE, LYNN
Address: 15822 TOWER VIEW DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: TREA () Delete
Name: BEARD, WALTER
Address: 15822 TOWER VIEW DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: SEC () Delete
Name: STREET, MENDA
Address: 15822 TOWER VIEW DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: LYNN CRIE

PRES

07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date