2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# L04000052176

Entity Name: BFM PROPERTIES, LLC

Current Principal Place of Business:

5661 INDEPENDENCE CIRCLE
SUITE 1
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

5661 INDEPENDENCE CIRCLE
SUITE 1
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-1372300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1380 ROYAL PALM SQUARE BOULEVARD
FORT MYERS, FL 33919 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:	MGR	( ) Delete
Name:	BROOKS, DONALD E	
Address:	5661 INDEPENDENCE CIRCLE, SUITE 1	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGR	( ) Delete
Name:	FREUND, RICHARD S	
Address:	5661 INDEPENDENCE CIRCLE, SUITE 1	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGR	( ) Delete
Name:	MILLER, DANIEL E	
Address:	7980 SUMMERLIN LAKES BLVD #201	
City-St-Zip:	FORT MYERS, FL 33907	

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 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: DONALD E. BROOKS MGR 03/30/2007

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