


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

|  |   |
|--|---|
| <b>DOCUMENT # A00000002070</b><br>1. Entity Name<br><b>BFA GROUP, LTD.</b> |  |
|--|---|

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| Principal Place of Business<br><b>2104 WEST CENTRAL BLVD.<br/>ORLANDO FL 32805</b> | Mailing Address<br><b>P.O. BOX 568546<br/>ORLANDO FL 32856</b> |
|--|--|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E003 (10/06)

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BROWN, LOWRIE W III</b><br><b>2104 W. CENTRAL</b><br><b>ORLANDO FL 32805</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|--|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                | 13. ADDRESS CHANGES ONLY |             |
|---------------------------------|--------------------------------|--------------------------|-------------|
| DOCUMENT #                      | NAME                           | STREET ADDRESS           | CITY-ST-ZIP |
|                                 | <b>BROWN, LOWRIE W III</b>     |                          |             |
|                                 | <b>2104 WEST CENTRAL BLVD.</b> |                          |             |
|                                 | <b>ORLANDO FL 32805</b>        |                          |             |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           | CITY-ST-ZIP |
|                                 |                                |                          |             |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           | CITY-ST-ZIP |
|                                 |                                |                          |             |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           | CITY-ST-ZIP |
|                                 |                                |                          |             |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           | CITY-ST-ZIP |
|                                 |                                |                          |             |
| DOCUMENT #                      | NAME                           | STREET ADDRESS           | CITY-ST-ZIP |
|                                 |                                |                          |             |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **2/8/07** **407-649-9767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE