

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0023464

DOCUMENT # L01000007974

1. Entity Name
BFB PARTNERS, L.L.C.

04-03-2002 90023 036 ****50.00

Principal Place of Business 402 CENTRE STREET FERNANDINA BEACH FL 32034	Mailing Address 402 CENTRE STREET FERNANDINA BEACH FL 32034
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 402 Centre St. Suite, Apt. #, etc.	3. Mailing Address Post Office Box 2469 Suite, Apt. #, etc.
--	--

City & State Fernandina Beach, FL	City & State Kitty Hawk, NC	4. FEI Number 56-2251604	Applied For <input type="checkbox"/> Not Applicable
Zip 32034	Country Nassau	Zip 27949	Country USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOMASSETTI, A. JEFFREY
 406 ASH STREET
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	FIELDS, WILLIAM J	P.O. BOX 2469	KITTY HAWK NC 27949	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	CLARK, FURMAN O JR.	402 CENTRE STREET	FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **William J. Fields, Mgr** 3/25/02 252-261-6171
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)