


2003 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90061 023 ***138.75

DOCUMENT # L01000009767		
1. Entity Name BFTG PROPERTY MANAGEMENT, LLC		

60007704



Principal Place of Business 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146	Mailing Address 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1114121	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ERTEL, DAVID <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS QUINT, DAVID <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSV OPPPENHEIM, ROBERT <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT WEGNER, ROBERT A <input checked="" type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BOMSTEIN, BRIAN E <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATSV FISCHER, JOHN H <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/ISV OPPENHEIM, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4425 Ponce de Leon Blvd, 4th Fl Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/S BOMSTEIN, BRIAN E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4425 Ponce de Leon Blvd, 4th Fl Coral Gables FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/T Fischer, John H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4425 Ponce de Leon Blvd, 4th Fl Coral Gables FL 33146

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

BRIAN E. BOMSTEIN, SVP

305.858.8880