2006 LIMITED LIABILITY COMPANY

FILED Mar 21, 2006 .08:00 Al **Secretary of State**

AHITOAL ILLI OIL.								
DOCUMENT # L0200001741 1. Entity Name BF INVESTORS, LLC								
Principal Place of Business 3390 MARY STREET SURTE 200 COCONUT GROVE, FL 33133	Mailing Address 321 EAST HILLSBORD BLVD. DEERFIELD BEACH, FL 33441 US	US						



DO NOT WRITE IN THIS SPACE

02232006 No Chg-LLC CR2E083 (11/05)

		<u> </u>
4. FEI Number		Applied For
03-0378192		Not Applicable
5. Certificate of Status Desired	XXX	\$5.00 Additional

STOTZER, THEODORE R C/O SWERDLOW BOCA DEVELOPERS GROUP, LLC

6. Name and Address of Current Registered Agent

321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441

the obligations of registered agent.

SIGNATURE: BY:

SIGNATURE AND TYPED OR PHINTED HAME OF SIGNING MANAGE

DO NOT WRITE IN THIS SPACE

March 20, 2006

(954) 949-3480

Daytime Phone #

SIGNATURE.	Signature, typed or printed name of registered agent and site if applicable	(NOTE Register	ered Agent signature require	d when remaking)	DATE	<u> </u>
FI	lling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					· · · · · · · · · · · · · · · · · · ·
MILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWERDLOW, MICHAEL 3390 MARY STREET, SUITE 200 COCONUT GROVE, FL 33133				11000004763 114/06/06-8000	}12 15-005 55.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP		t.				
HITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	000 000 000
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
I ITLE NAME STREET ADDRESS CITY-ST-71P						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP						
11. I hereby indicated limited lis	certily that the information supplied with this filing does not on this report is true and accurate and that my signature, ability company or the receiver or trustoc empowered to a BF INVESTORS ALLC	nt quality for the e shall have the sa ecute this report	exemptions contains ame legal effect as t as required by Ch	ed in Chapter 119 if made under oa apter 608, Florida	Florida Statutes, I further cer ith; that I am a managing men a Statutes.	rtify that the information niber of manager of the

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 familier with, and accept