## "LIMITED LIABILITY COMPANY VUNIFORM BUSINESS REPORT (UBR)

**DOCUMENT** # L02000033251

1. Entity Name

BF1, LLC

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STATE



## FILED Aug 07, 2003 8:00 am Secretary of State 08-07-2003 90065 005 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  3. Mailing Address				90149341	
820 SW 12th Avenue Suite, Apt. #, etc.		820 SW 12th Avenue Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Pompa Zip 33069	no Beach, FL Country USA	City & State Pompano Bea Zip 33069	ch, FL Country USA	FEI Numfler     S. Certificate of Status Desired	Applied For Not Applicable  \$5.00 Additional Fee Required
7. Name and Address of Current Registered Agent Name Lee Milich, Esquire Street Address (P.O. Box Number is Not Acceptable) 100 W. Cypress Creek Road, #935					
City Ft. Lauderdale FL Zig Code 33309  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.					
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1					
J.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBERS Gerald Brauser Managing Member 820 SW 12th Aver Pompano Beach,	nue	THILE NAME STREET ADDRESS CITY-ST: ZIP		
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11. Thereby 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.					

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/1/03

Date

954-788-9554

Daytime Phone #