2006 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM

FILED **ANNUAL REPORT** May 01, 2006 08:00 AN Secretary of State DOCUMENT # L03000002285 1. Entity Name BFDJ LLC Principal Place of Business Mailing Address 9357 PHILLIPS HWY 9409 SHELBYVILLE ROAD LOUISVILLE, KY 40222 STE 1 JACKSONVILLE, FL 32256 04192006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1437834 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOUGHERTY, DAN DO NOT WRITE 9357 PHILLIPS HWY STE 1 IN THIS SPACE JACKSONVILLE, FL 32256 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE DOUGHETY, DAN NAME STREET ADDRESS 9409 SHELBYVILLE ROAD CITY-ST-ZIP LOUISVILLE, KY 40222 TITLE -- . :--- NAME STREET ADDRESS U00000549752 05/13/06-80034-007 50.00 CiTY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this fing 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 accorde and hat 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 trusted empowered to execute this feport as required by Chapter 608, Florida Statutes.