

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016023

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** BF PEARLS, LLC

**Current Principal Place of Business:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1068531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VILARELLO, ALEJANDRO ESQ.  
1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

VALDES, AILEEN  
1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

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: AILEEN VALDES

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BOSCHETTI, JOSE R  
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: BOSCHETTI, LUIS R  
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE R. BOSCHETTI

MGR

04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date