

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019037

FILED
Apr 27, 2005
Secretary of State

Entity Name: BFG I, LLC

Current Principal Place of Business:

9428 BAYMEADOWS RD., STE. 112
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9428 BAYMEADOWS RD., STE. 112
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 41-2134123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BEECKLER, THOMAS F
Address: 9428 BAYMEADOWS RD SUITE 112
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: GIBSON, FORREST
Address: 1301 RIVERPLACE BLVD SUITE 112
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: FOSHEE, JOHN P
Address: 1603 MINERVA AVE.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS F. BEECKLER

MGRM

04/27/2005

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