2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2004
Secretary of State

DOCUMENT# L03000019172

Entity Name: BFW SCARAB, LLC

Current Principal Place of Business:

437 GOLDEN ISLES DRIVE
APT 15-I
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

437 GOLDEN ISLES DRIVE
APT 15-I
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENATORE, CHARLES F JR
437 GOLDEN ISLES DR
APT 15-I
HALLANDALE BEACH, FL 33009 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:	SENATORE, CHARLES F JR	
Address:	437 GOLDEN ISLES DR, APT 15-I	
City-St-Zip:	HALLANDALE BEACH, FL 33009 US	
Title:	MGRM	( ) Delete
Name:	WARE, MICHAEL C	
Address:	2085 GLENN DR	
City-St-Zip:	LANSING, MI 48906 US	
Title:	MGRM	( ) Delete
Name:	MAGYARI, MICHEAL B	
Address:	4184 BAUER RD	
City-St-Zip:	BRIGHTON, MI 48116 US	

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: CHARLES SENATORE MGRM 08/16/2004

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