

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019172

Entity Name: BFW SCARAB, LLC

FILED  
Aug 18, 2005  
Secretary of State

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SENATORE, CHARLES F JR  
437 GOLDEN ISLES DR  
APT 15-I  
HALLANDALE BEACH, FL 33009 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Delete  
Name: WARE, MICHAEL C  
Address: 2085 GLENN DR  
City-St-Zip: LANSING, MI 48906 US

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

Title: MGRM ( ) Delete  
Name: MAGYARI, MICHEAL B  
Address: 4184 BAUER RD  
City-St-Zip: BRIGHTON, MI 48116 US

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

08/18/2005

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