

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90016 036 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                           |                                                                                                                                      |                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000036609</b><br>1. Entity Name<br><b>KOGER BFC GP, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                           |                                                                                                                                      |                                                                                                                                                 |  |
| Principal Place of Business<br><b>225 N.E. MIZNER BLVD., SUITE 200</b><br><b>C/O KOGER EQUITY, INC.</b><br><b>BOCA RATON, FL 33432</b>                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                           | Mailing Address<br><b>225 N.E. MIZNER BLVD., SUITE 200</b><br><b>C/O KOGER EQUITY, INC.</b><br><b>BOCA RATON, FL 33432</b>           |                                                                                                                                                 |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |                                                                                                                                      |                                                                                                                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                           |                                                                                                                                      | 02182004    Chg-LLC    CR2E083 (10/03)<br><input checked="" type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GRAGG, K. LAWRENCE</b><br><b>200 S. BISCAYNE BLVD., SUITE 4900</b><br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                                                                 |  |
| 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 _____ (NOTE: Registered Agent signature required when resigning)      DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                           |                                                                                                                                      |                                                                                                                                                 |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | Make check payable to<br><b>Florida Department of State</b>                               |                                                                                                                                      |                                                                                                                                                 |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                           | 10. ADDITIONS/CHANGES                                                                                                                |                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                           | President<br><b>Thomas J. Cracker</b><br><b>225 NE Mizner Blvd., Suite 200</b><br><b>Boca Raton, FL 33432</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                           | Vice President<br><b>Christopher Becker</b><br><b>2951 Flowers Road South, #100</b><br><b>Atlanta, GA 30341</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                           | Vice President<br><b>Ben Wakefield</b><br><b>225 NE Mizner Blvd., Suite 200</b><br><b>Boca Raton, FL 33432</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                           | Vice President<br><b>Thomas C. Brockwell</b><br><b>225 NE Mizner Blvd., Suite 200</b><br><b>Boca Raton, FL 33432</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                           | Vice President / Treasurer<br><b>Steven A. Abney</b><br><b>225 NE Mizner Blvd., Suite 200</b><br><b>Boca Raton, FL 33432</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                           | Vice President / Secretary<br><b>Todd J. Amera</b><br><b>225 NE Mizner Blvd., Suite 200</b><br><b>Boca Raton, FL 33432</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                    |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Steven A. Abney</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                           | Date: <u>4/23/04</u> Daytime Phone #: <u>(561) 395-4666</u>                                                                          |                                                                                                                                                 |  |

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