2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037811

1. Entity Name BFS TOWNHOMES, LLC



Principal Place of Business

Mailing Address

2506 S MACDILL AVENUE

2506 S MACDILL AVENUE

SUITE A TAMPA, FL 33629 SUITE A TAMPA, FL 33629 FILED Jan 31, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 73-1688824

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILIN, LAWRENCE J 401 EAST JACKSON STREET, SUITE 2200 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

| 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 | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGMR | ٠, | |
| NAME | LANDERS, JAMES F | | |
| STREET ADDRESS | 2506 S MACDILL AVENUE SUITE A | | |
| CITY-ST-ZIP | TAMPA, FL 33629 | | p para and and and an analysis of an analysis of an and an |
| TITLE | | and the same of th | - U00000808433 2/07/08-80048-019 138.75 |
| NAME | | U.C. | //U//U8-88848-013 138.75 |
| STREET ADDRESS CITY-ST-ZIP | | | |
| | | | • |
| TITLE NAME | | | |
| STREET ADDRESS | | l | |
| CITY-ST-ZIP | | DO N | OT WRITE |
| TITLE | | INI TL | UC CDACE |
| NAME | | IN I F | IIS SPACE |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | • |
| NAME | | • | 3 ' |
| STREET ADDRESS | | , | |
| מל דם עדוים | l . | | _ |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fforida 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, Fforida Statutes.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/14/08

Daylime Phone #