

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 25, 2009  
Secretary of State**

DOCUMENT# L04000009881

Entity Name: BSI, LLC

**Current Principal Place of Business:**

C/O JFI  
152 WEST 57TH STREET, 56TH FLOOR  
NEW YORK, NY 10019

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JFI  
152 WEST 57TH STREET, 56TH FLOOR  
NEW YORK, NY 10019

**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:**

SEVERSON, JOHN M  
1400 CENTREPARK BLVD., SUITE 860  
WEST PALM BEACH, FL 33401 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:**

Title:                      MMBR                      ( ) Delete  
Name:                      JACOBSON, MITCHELL  
Address:                      C/O JFI - 152 WEST 57TH STREET, 56TH FL  
City-St-Zip:                      NEW YORK, NY 10019

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MITCHELL JACOBSON

MMBR

06/25/2009

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