2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L04000010322

Entity Name: BFF 29 SEASIDE, LLC

Current Principal Place of Business:

ATTN: SUSAN F. GRAHAM
1016 LAKE BRIDGE DRIVE
ORMOND BEACH, FL 321741481

New Principal Place of Business:

Current Mailing Address:

ATTN: SUSAN F. GRAHAM
1016 LAKE BRIDGE DRIVE
ORMOND BEACH, FL 321741481

New Mailing Address:

FEI Number: 20-0718221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD, STE 505
MELBOURNE, FL 32901 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/MANAGERS:

Title: MGR ( ) Delete
Name: GRAHAM, SUSAN F
Address: 1016 LAKE BRIDGE DRIVE
City-St-Zip: ORMOND BEACH, FL 321741481

Title: MGR ( ) Delete
Name: CLIFFORD, ALLISON F
Address: 2908 OAKTON RIDGE CIR
City-St-Zip: OAKTON, VA 22124

Title: MGR ( ) Delete
Name: FORDE, BENJAMIN F III
Address: 511 EAST 7TH ST
City-St-Zip: S BOSTON, MA 02124

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 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: SUSAN F GRAHAM MGR 01/30/2009

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