

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90152 039 \*\*\*\*50.00

<b>DOCUMENT # L04000049032</b>					
<b>1. Entity Name</b> CHERYL NASHBAR BFRP LLC					
<b>Principal Place of Business</b> 8911 BLOOMFIELD BLVD. SARASOTA FL 34238 US			<b>Mailing Address</b> 8911 BLOOMFIELD BLVD. SARASOTA FL 34238 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <del>1st MOORE</del> <span style="float: right;">CR2E083 (10/04)</span>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> NASHBAR, CHERYL 8911 BLOOMFIELD BLVD. SARASOTA FL 34238				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-stating)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NASHBAR, CHERYL 8911 BLOOMFIELD BLVD. SARASOTA FL 34238		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Cheryl Nashbar</u> <b>BFRP, LLC</b> <span style="float: right;">2-0405 941-923</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date <u>8073</u></span>					