2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L04000049032[>] Mar 22, 2006 08:00 AN 1. Entity Name **Secretary of State** CHERYL NASHBAR BFRP LLC Mailing Address Principal Place of Business 8911 BLOOMFIELD BLVD. SARASOTA FL 34238 8911 BLOOMFIELD BLVD. SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE |Not Applicat| Zιp Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NASHBAR, CHERYL Street Address (P.O. Box Number is Not Acceptable) 8911 BLOOMFIELD BLVD. SARASOTA FL 34238 Zip Code City 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. DATE Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 16. ADDITIONS/CHANGES 9. ☐ Delete 7171 F Change Addition TITLE MGRM NAME NASHBAR, CHERYL U00000477542 STREET ADDRESS STREET ADDRESS 8911 BLOOMFIELD BLVD. 04/06/06-80055-011 50.00 CITY-ST-ZIP City-St-789 SARASOTA FL 34238 Change Addition ☐ Delete TITLE TITLE NAM STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-78 ☐ Delete ☐ Change Addition MRF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete 🗆 THRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 it 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 AND TYPED OR PRINTED WAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #