

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058218

Entity Name: BFC CONSTRUCTION, LLC

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

8041 COQUINA WAY
ST PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

8041 COQUINA WAY
ST PETE BEACH, FL 33706

New Mailing Address:

FEI Number: 20-1457588 FEI Number Applied For () FEI Number Not Applicable () 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:

BURKART, KEVIN M
100 1ST AVENUE SOUTH
SUITE 105
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

BURKART, KEVIN M
6528 CENTRAL AVENUE
SUITE A
ST PETERSBURG, FL 33707 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: KEVIN M. BURART

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERKOWITZ, MICHAEL
Address: 8041 COQUINA WAY
City-St-Zip: ST PETE BEACH, FL 33706

Title: MGR () Delete
Name: FLINCHBAUGH, STEVEN
Address: 33 BAYSHORE DRIVE
City-St-Zip: TARPON SPRINGS, FL 334689

ADDITIONS/CHANGES:

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 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 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: MICHAEL BERKOWITZ

MGM

06/30/2005

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