


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90095 022 \*\*\*\*50.00

<b>DOCUMENT # L04000081316</b>	
1. Entity Name BMF CAROLINA HOLDINGS, LLC	

Principal Place of Business 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432	Mailing Address 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432
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30000689



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2281652	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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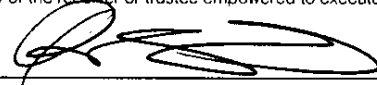
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MINERLEY, KENNETH L 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINERLEY, KENNETH L 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOCH, STUART E 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEIN, ANDREW K 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	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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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

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.


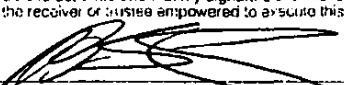
SIGNATURE: 	2/22/05 561/362-6699
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>

Kenneth L. MINERLEY

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/21/2005-90095-022-\$50.00-\$50.00

ATTACHMENT

<b>DOCUMENT # L04000081316</b>					
1. Entity Name BMF CAROLINA HOLDINGS, LLC					
Principal Place of Business 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432			Mailing Address 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  MINERLEY, KENNETH L 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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.					
SIGNATURE _____ DATE _____ <small>Signature, last part of unitized name or registered agent and title if applicable. (NOTE: Registered Agent signature required when name change.)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	MINERLEY, KENNETH L				
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 412				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	BLOCH, STUART E				
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 412				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	FEIN, ANDREW K				
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 412				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
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CITY-ST-ZIP					
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NAME					
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CITY-ST-ZIP					
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
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CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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SIGNATURE:  1-18-05 561/362-6699					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Kenneth L. Minerley, Member					