## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000001339

Entity Name: BFITWWW2, LLC

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

HUMMEL, DENNIS C

KROKOWSKI, DAVID

145 ELLISON AVENUE

WESTBURY, NY 11590

() Delete

( ) Delete

58 EAST BEVERLY STREET

VALLEY STREAM, NY 11580

FILED Aug 09, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 100 SOUTH PINE ISLAND ROAD STE. 134 PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** C/O GERALD E MEYER C/O GERARD E MEYER 14 COVERT AVE 14 COVERT AVE STEWART MANOR, NY 11530 STEWART MANOR, NY 11530 FEI Number: 84-1666912 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MEYER, GERARD E Name: Name: Address: 14 COVERT AVENUE Address: City-St-Zip: STEWART MANOR, NY City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KROKOWSKI, WILLIAM P Name: Name: Address: 590 SOUTH YORK STREET Address: City-St-Zip: **DENVER, CO 80209** 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: GERARD E. MEYER MGRM 08/09/2005