

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024573

Entity Name: THE BOFI GROUP LLC

FILED  
Mar 10, 2010  
Secretary of State

## Current Principal Place of Business:

8163 BIBIANA WAY  
#306  
FT. MYERS, FL 33912 US

## New Principal Place of Business:

## Current Mailing Address:

8163 BIBIANA WAY  
#306  
FT. MYERS, FL 33912

## New Mailing Address:

8163 BIBIANA WAY  
#306  
FT. MYERS, FL 33912 US

FEI Number: 35-2251457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHALEN, BRADLEY J  
8163 BIBIANA WAY  
#306  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

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:

Title: MGR  
Name: WHALEN, BRADLEY J  
Address: 8163 BIBIANA WAY #306  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM  
Name: DEWERFF, CHRISTINA L  
Address: 8163 BIBIANA WAY #306  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM  
Name: WILLIAM WHALEN  
Address: 64 4TH ST.  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGRM  
Name: DOUGLAS STAHL  
Address: 220 SUMMIT BLVD #162  
City-St-Zip: BROOMFIELD, CO 80021 US

Title: MGRM  
Name: JAMES WHALEN  
Address: 28349 E. 6TH ROAD  
City-St-Zip: FARMERSVILLE, IL 62533 US

Title: MGRM  
Name: NEILA J. JORDAN LIVING TRUST  
Address: 30040 E. 8TH ROAD  
City-St-Zip: MORRISONVILLE, IL 63546 US

I hereby 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: BRADLEY J. WHALEN

MR.

03/10/2010

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