

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024573

Entity Name: THE BOFI GROUP LLC

FILED  
Feb 16, 2011  
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 US

**New Mailing Address:**

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

Title: MGRM  
Name: STAHL, DOUGLAS  
Address: 620 11TH STREET #401  
City-St-Zip: GOLDEN, CO 80401 US

Title: MGRM  
Name: WHALEN, JAMES  
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 WHALEN

MR.

02/16/2011

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