## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # L05000030787 04-25-2007 90031 040 \*\*\*\*55 00 1. Entity Name BF BLIA, LLC UUUVV -Principal Place of Business Mailing Address 3390 MARY ST. STE 200 321 E HILLSBORO BLVD COCONUT GROVE, FL 33133 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3390 Mary Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-LLC CR2E083 (12/06) Suite 200 City & State City & State 4. FEI Number Applied For 20-2593053 Not Applicable Coconut\_Grove. Zip Country Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOTZER, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 Zip Code FL 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, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Detete TITLE Change ☐ Addition BONEFISH PARTNERS, LLC NAME NAME STREET ADDRESS 3390 MARY STREET, SUITE 200 STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, 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 employered to execute this report as required by Chapter 608, Florida Statutes. Bonefish Partners, LLC

JRE: Michael Swerdlow, signature and typed or printed name of stuning managing member, manager, or authorized representative

SIGNATURE:

**FILED** 

Pres 4/23/07 305-476-0100