


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90031 043 \*\*\*\*55.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L05000031024</b>  |  |  |   |                                  |  |
| <b>1. Entity Name</b><br><b>BF HOLLY HILL I, LLC</b>  |  |  |   |   |  |
| <b>Principal Place of Business</b><br>3390 MARY ST, STE 200<br>COCONUT GROVE, FL 33133  |  |  | <b>Mailing Address</b><br>321 E HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33441   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b><br>3390 Mary Street                |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br>Suite 200                             |   |   |  |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b><br>Coconut Grove, FL                 |   | <b>4. FEI Number</b><br>20-2593956  |  |
| <b>Zip</b><br>33133   |  | <b>Country</b><br>USA  |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>STOTZER, THEODORE R<br>321 E HILLSBORO BLVD.<br>DEERFIELD BEACH, FL 33441   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>  |  |  |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____   |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGRM<br>BONEFISH PARTNERS, LLC<br>3390 MARY STREET, SUITE 200<br>COCONUT GROVE, FL 33133 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | P<br>SWERDLOW, MICHAEL<br>3390 MARY STREET, SUITE 200<br>COCONUT GROVE, FL 33133         |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | EVP<br>DILL, BRETT<br>3390 MARY STREET, SUITE 200<br>COCONUT GROVE, FL 33133             |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | EVP<br>STOTZER, THEODORE R<br>321 EAST HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33441       |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <b>11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> _____   |  |  | Michael Swerdlow,<br>President  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | 4/23/07 305-476-0100<br>Date Daytime Phone #  |   |  |