


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90148 009 ****55.00

| | | | | | |
|--|-----------------------------------|---------------------------------|---|---|--|
| DOCUMENT # L05000079413 1. Entity Name BFR ENTERPRISE, LLC | | | |  | |
| Principal Place of Business 8913 EAST MARTIN LUTHER KING BLVD TAMPA, FL 33610 | | | Mailing Address 8913 EAST MARTIN LUTHER KING BLVD TAMPA, FL 33610 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PEAVYHOUSE, RUSSELL K 6140 WEST KNIGHTS GRIFFIN ROAD PLANT CITY, FL 33565 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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 _____ | | | | | |
| Signature, typed 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, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LARSON, CARL A | | NAME | | |
| STREET ADDRESS | 8913 EAST MARTIN LUTHER KING BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33610 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOBIER, GERALD W | | NAME | | |
| STREET ADDRESS | 1510 SOUTH CLARK AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33629 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PEAVYHOUSE, RUSSELL K | | NAME | | |
| STREET ADDRESS | 6140 WEST KNIGHTS GRIFFIN ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLANT CITY, FL 33565 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHNSON, PHILLIP E | | NAME | | |
| STREET ADDRESS | 2815 CHERRY TREE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLANT CITY, FL 33565 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DUNHAM, EUGENE | | NAME | | |
| STREET ADDRESS | 13926 CLUBHOUSE CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33618 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE: <i>Russell K. Peavyhouse</i> | | | 1/23/06 (813) 752-6133 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |