2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080693

Entity Name: B.F. VENTURES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
100 KINGS POINT DR SUITE 507 SUNNY ISLES BEACH, FL 33160	

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 801032 AVENTURA, FL 33280	100 KINGS POINT DR SUITE 507 SUNNY ISLES BEACH, FL 33160

FEI Number: 33-1147543   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HERNANDEZ-VELEZ, EVELYN 3399 NW 72 AVE SUITE 224 MIAMI, FL 33122 US	

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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FERRARI, GIANINA	Name:	
Address:	100 KINGS POINT DR SUITE 507	Address:	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HERNANDEZ-VELEZ, EVELYN	Name:	
Address:	3399 NW 72 AVE SUITE 224	Address:	
City-St-Zip:	MIAMI, FL 33122	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	PEREZ, TERESA	Name:	
Address:	8520 SW 133 AVE RD # 113	Address:	
City-St-Zip:	MIAMI, FL 33183	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GIANINA FERRARI   MGRM   04/30/2009

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