

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082093

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: BIF LLC

**Current Principal Place of Business:**

226 DICKINSON AVE.  
SWARTHMORE, PA 19081

**New Principal Place of Business:**

**Current Mailing Address:**

226 DICKINSON AVE.  
SWARTHMORE, PA 19081

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102 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 ( ) Delete  
Name: PATRICIA LYNN MCRAE,  
Address: 226 DICKINSON AVE.  
City-St-Zip: SWARTHMORE, PA 19081

Title: MGR ( ) Delete  
Name: NANCY JANE WALKER,  
Address: 226 DICKINSON AVE.  
City-St-Zip: SWARTHMORE, PA 19081

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY WALKER

MGR

01/25/2007

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