

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082093

FILED
Mar 31, 2008
Secretary of State

Entity Name: BIF LLC

Current Principal Place of Business:

226 DICKINSON AVE.
SWARTHMORE, PA 19081

New Principal Place of Business:

208 OSPREY LANE
HUMMELSTOWN, PA 17036

Current Mailing Address:

208 OSPREY LN.
HUMMELSTOWN, PA 17036

New Mailing Address:

208 OSPREY LANE
HUMMELSTOWN, PA 17036

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
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: MGR (X) Change () Addition
Name: PATRICIA LYNN MCRAE,
Address: 208 OSPREY LANE
City-St-Zip: HUMMELSTOWN, PA 17036

Title: MGR (X) Change () Addition
Name: NANCY JANE WALKER,
Address: 208 OSPREY LANE
City-St-Zip: HUMMELSTOWN, PA 17036

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: NANCY WALKER

MGR

03/31/2008

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