

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90011 020 \*\*\*\*50.00

**DOCUMENT # L05000098868**

1. Entity Name  
**BSFL REAL ESTATE, LLC**



Principal Place of Business  
**35 MONICA DRIVE  
CUMBERLAND, RI 02864**

Mailing Address  
**35 MONICA DRIVE  
CUMBERLAND, RI 02864**

**20032307**



2. Principal Place of Business  
**651 Ironwood Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**651 Ironwood Circle**  
Suite, Apt. #, etc.

04122006 Chg-LLC CR2E083 (11/05)

City & State  
**Venice, Florida**

City & State  
**Venice, Florida**

4. FEI Number  
**43-2090540**

Applied For  
Not Applicable

Zip Country  
**34292 USA**

Zip Country  
**34292 USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BESSETTE, KAREN E  
651 IRONWOOD CIRCLE  
VENICE, FL 34292**

**7. Name and Address of New Registered Agent**

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

*Karen E. Besette, MGR*

**4-12-2006**

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**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BESSETTE, KAREN E	
STREET ADDRESS	35 MONICA DRIVE	
CITY-ST-ZIP	CUMBERLAND, RI 02864	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BESSETTE, GEORGE H	
STREET ADDRESS	35 MONICA DRIVE	
CITY-ST-ZIP	CUMBERLAND, RI 02864	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Karen E. Besette, MGR*

Date

Daytime Phone #

*4/12/06 (508) 277-6684*