# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 22, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # L05000113920

1. Entity Name
BFH, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1972 CROWDER RD<br>STE 3<br>TALLAHASSEE, FL 32303 | P.O. BOX 182649<br>TALLAHASSEE, FL 32318 |

02152007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-4205052
☐ Applied For
☐ Not Applicable

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

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

HYATT, PAUL
2917 LIVINGSTON ROAD, SUITE #201
TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|---|---|
| TITLE | MGRM |
| NAME | HYATT, PAUL |
| STREET ADDRESS | P.O. BOX 182649 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32318 |
| TITLE | MGRM |
| NAME | BUCHHOLZ, ANGELA |
| STREET ADDRESS | P.O. BOX 182649 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32318 |
| TITLE | MGRM |
| NAME | FARRELL, WILLIAM |
| STREET ADDRESS | P.O. BOX 182649 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32318 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000643598
03/02/07-80008-018 50.00

**DO NOT WRITE IN THIS SPACE**

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:** _____ Paul L. HYATT 2/21/07 850 562-4996
SIGNATURE AND TYPED OR PRINTED ~~NAME OF SIGNING~~ MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #