# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Sep 14, 2006**
**Secretary of State**

DOCUMENT# L05000121045

**Entity Name:** BF ONE, LLC

**Current Principal Place of Business:**

5661 INDEPENDENCE CIRCLE
FT MYERS, FL 33912

**New Principal Place of Business:**

5661 INDEPENDENCE CIRCLE
SUITE 1
FT MYERS, FL 33912

**Current Mailing Address:**

5661 INDEPENDENCE CIRCLE
FT MYERS, FL 33912

**New Mailing Address:**

5661 INDEPENDENCE CIRCLE
SUITE 1
FT MYERS, FL 33912

**FEI Number: 20-3965855** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

GREEN, BRUCE D
1380 ROYAL PALM SQUARE BLVD.
FT MYERS, FL 33919 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition
Name: BROOKS, DONALD D
Address: 5661 INDEPENDENCE CIRCLE STE 1
City-St-Zip: FORT MYERS, FL 33912

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: DONALD E BROOKS MGR 09/14/2006

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