2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L05000121045

Entity Name: BF ONE, LLC

Current Principal Place of Business:

5661 INDEPENDENCE CIRCLE
SUITE 1
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

5661 INDEPENDENCE CIRCLE
SUITE 1
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-3965855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: MGR ( ) Delete
Name: BROOKS, DONALD E
Address: 5661 INDEPENDENCE CIRCLE STE 1
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete
Name: FREUND, RICHARD
Address: 5661 INDEPENDENCE CIRCLE, STE. 1
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete
Name: SCHEER, JOEL
Address: 26401 EMERY RD., STE. 104
City-St-Zip: WARRENVILLE HEIGHTS, OH 44128

ADDITIONS/CHANGES:

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

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 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 01/15/2009

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