

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012329

Entity Name: BF FINANCIAL LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

726 OMAR ROAD, SUITE 4
WEST PALM BEACH, FL 33405

New Principal Place of Business:

840 ALMERIA ROAD
#2
WEST PALM BEACH, FL 33405

Current Mailing Address:

726 OMAR ROAD, SUITE 4
WEST PALM BEACH, FL 33405

New Mailing Address:

840 ALMERIA ROAD
WEST PALM BEACH, FL 33405

FEI Number: 20-4435652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: FLORES, BRIAN
Address: 726 OMAR ROAD, SUITE 4
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ST () Delete
Name: FLORES, BRIAN
Address: 726 OMAR ROAD, SUITE 4
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLORES, BRIAN
Address: 840 ALMERIA ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ST (X) Change () Addition
Name: FLORES, BRIAN
Address: 840 ALMERIA ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

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: BRIAN FLORES

MGR

04/30/2007

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