
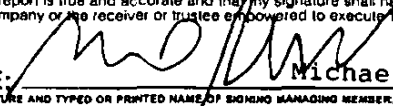


FILED
May 24, 2007 8:00 am
Secretary of State

04-25-2007 90031 044 ****55.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000041344 1. Entity Name BF RIVERSIDE HOLDINGS, LLC					
Principal Place of Business 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		Mailing Address 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			
2. Principal Place of Business - No P.O. Box # 3390 Mary Street		3. Mailing Address 3390 Mary Street			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Coconut Grove, FL		City & State Coconut Grove, FL		4. FEI Number APPLIC FOR	
Zip 33133		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent STOTZER, THEODORE R 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MEMBER <input type="checkbox"/> Delete	BOYFISH PARTNERS, LLC		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BOYFISH PARTNERS, LLC	3390 Mary Street, Suite 200		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3390 Mary Street, Suite 200	Coconut Grove, FL 33133		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Coconut Grove, FL 33133			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> Delete			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> Delete			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Michael Swerdlow		4/17/07 305-476-0100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	