

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118360

Entity Name: BMF LAND DEVELOPEMENT, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

348 SHORE DRIVE
OZONA, FL 34660

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 554
OZONA, FL 34660

New Mailing Address:

FEI Number: 51-0616358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUDY, FRED JR.
348 SHORE DROVE
OZONA, FL 34660 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: MGRM () Delete
Name: JUDY, FRED JR.
Address: 348 SHORE DRIVE
City-St-Zip: OZONA, FL 34660

Title: MGRM () Delete
Name: GRAY, BART T
Address: 348 SHORE DRIVE
City-St-Zip: OZONA, FL 34660

Title: MGRM () Delete
Name: HONEYCUTT, MICHAEL
Address: 348 SHORE DRIVE
City-St-Zip: OZONA, FL 34660

Title: MGRM () Delete
Name: JUDY, FRED SR.
Address: 348 SHORE DRIVE
City-St-Zip: OZONA, FL 34660

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:

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: FRED JUDY

MGRM

01/15/2009

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