## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000044172

**Current Principal Place of Business:** 

4301 ANCHOR PLAZA PARKWAY

Title:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

MGRM

MGRM

() Delete

( ) Delete

4301 ANCHOR PLAZA PARKWAY, STE 400

ROTHSCHILD, DOUG

TAMPA, FL 33634 US

TAMPA, FL 33634

Entity Name: BFB INVESTMENT GROUP, LLC

FILED Jan 20, 2009 Secretary of State

**New Principal Place of Business:** 

SUITE 400 TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 4301 ANCHOR PLAZA PARKWAY SUITE 400 TAMPA, FL 33634 US FEI Number: 20-8915427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HARTER, CRAIG R HARTER, CRAIG R 2301 ANCHOR PLAZA PKWY 4301 ANCHOR PLAZA PKWY **STE 400** STE 400 TAMPA, FL 33634 US TAMPA, FL 33634 US 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: 01/20/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GARVEY, JAMES P Name: Name: 4301 ANCHOR PLAZA PARKWAY, STE 400 Address: Address: City-St-Zip: TAMPA, FL 33634 US City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition VARSAMES, LOU Name: Name: Address: 4301 ANCHOR PLAZA PARKWAY, STE 400 Address: City-St-Zip: TAMPA, FL 33634 US City-St-Zip:

Name: LAUER, BRUCE Name: 4301 ANCHOR PLAZA PARKWAY, STE 400 Address: Address: City-St-Zip: TAMPA, FL 33634 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TAGGART, JOE Name: Name: 4301 ANCHOR PLAZA PARKWAY, STE 400 Address: Address: City-St-Zip: TAMPA, FL 33634 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HARTER CRAIG Name: Name: Address: 4301 ANCHOR PLAZA PKWY STE 400 Address:

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.

Title:

Name:

Title:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: CRAIG HARTER MGRM 01/20/2009