

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90079 040 ****50.00

DOCUMENT # L97000001346					
1. Entity Name BFWC - NORTH, L.L.C.					
Principal Place of Business 15700 GULF BOULEVARD REDINGTON BEACH, FL 33708			Mailing Address 15700 GULF BOULEVARD REDINGTON BEACH, FL 33708		
2. Principal Place of Business 8726 Laurel Drive Suite, Apt. #, etc.		3. Mailing Address 8726 Laurel Drive Suite, Apt. #, etc.			
City & State Pinellas Park FL		City & State Pinellas Park FL		4. FEI Number 59-3497107	
Zip 33782		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, MOORE & O'CONNOR, P.A. 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME SHRYOCK, CHRIS M STREET ADDRESS 15700 GULF BOULEVARD CITY - ST - ZIP REDINGTON BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE Mgr NAME Shryock, Chris D STREET ADDRESS 441 173rd Ave CITY - ST - ZIP N Redington Beach, FL 33708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Chris D Shryock 4/27/04 727 319-0030			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	