


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 APR -7 AM 9: 01  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> <b>298000000404</b> <b>BFN L.C.</b> 40 Dolly Cohan, Law Office of Wayne M. Levine 777 Lantana Road Lantana, Florida 33462		1a. Principal Place of Business Address 40 Dolly Cohan Law Office of Wayne M. Levine 777 Lantana Road Lantana, Florida 33462			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified <b>March 31, 1998</b> 4. FEI Number <b>65-0833728</b> 5. Date of Last Report <b>N/A</b>	
3a. State of Formation <b>Florida</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent <b>Dolly Cohan</b> <b>48 Wayne M. Levine Law Office</b> <b>777 Lantana Road</b> <b>Lantana, Florida 33462</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
Manager	Hans-Jürgen Burmeister	Segeberger Chaussee 359 22851 Norderstedt, Germany		22851 Norderstedt Germany	
Manager	Peter Fock	Segeberger Chaussee 359		22851 Norderstedt Germany	
	Fritz Mohr	Segeberger Chaussee 359		- 11 12/1/99	

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **3/1/99 9415663511**