


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002528 1. Entity Name BFMC INVESTMENT, L.L.C.	
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Principal Place of Business 50 E. SAMPLE RD., STE. 400 POMPANO BEACH, FL 33064	Mailing Address 50 E. SAMPLE RD., STE. 400 POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0967810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEER, DANA M
50 E. SAMPLE RD., STE. 400
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000136334
04/28/04-80088-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHEER, DANA M 50 E. SAMPLE RD., STE. 400 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORESCUE, BARRY W 50 E. SAMPLE RD., STE. 400 POMPANO BEACH, FL 33064
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IN THIS SPACE**

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:  **4/28/04 9547843031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #