

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000006833

1. Entity Name
BFLP LIMITED LIABILITY COMPANY



Principal Place of Business
**100 SPOONBILL ROAD
MANALAPAN, FL 33462 US**

Mailing Address
**575 LEXINGTON AVENUE
19TH FLOOR
NEW YORK, NY 10022 US**



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1041749

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYNCH, FRANCIS J X
340 ROYAL POINCIANA PLAZA
SUITE 340
PALM BEACH, FL 33480**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KRAMER, JONATHAN H
STREET ADDRESS	184-46 RADNOR ROAD
CITY-ST-ZIP	JAMAICA, NY 11432
TITLE	MGR
NAME	HOWARD, RICHARD A
STREET ADDRESS	9 BARNEGAT LANE
CITY-ST-ZIP	MARBLEHEAD, MA 01945
TITLE	MGR
NAME	MALKIN, DAVID
STREET ADDRESS	950 THIRD AVE., 32ND FLOOR
CITY-ST-ZIP	NEW YORK CITY, NY 10022
TITLE	MGR
NAME	ADELSON, ANDREW E
STREET ADDRESS	125 WILLOWBEND DR
CITY-ST-ZIP	MASHPPEE, MA 02649
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000000607153
01/31/07-00025-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sha H L*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #