

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
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**



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-1041749

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000792720
01/24/08-80020-010 138.75

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/8/08