2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001663

1. Entity Name BFOL 3 LLC



Principal Place of Business

ONE BUCKEYE DRIVE PERRY, FL 32348

SIGNATURE:

Mailing Address

ONE BUCKEYE DRIVE PERRY, FL 32348

FILED Feb 11, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 88-0485758 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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			U00000046369 U2/11/04-80099-024 100.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BFC 2 INC. 100 BUCKEYE DRIVE PERRY, FL 32348	:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BFOL 2 INC. 100 BUCKEYE DRIVE PERRY, FL 32348		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SY-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	-
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.			

TED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE