

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 FEB -6 AM 9:24

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001663

1. Entity Name
BFOL 3 LLC



Principal Place of Business
ONE BUCKEYE DRIVE
PERRY, FL 32348

Mailing Address
ONE BUCKEYE DRIVE
PERRY, FL 32348

[Handwritten Signature]



01202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400067187594
03/07/06--01006--015 **900.00

**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: *Sheila Jordan Cunningham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Sheila Jordan Cunningham, Secretary

1/20/06

Date

(901) 320-8409

Daytime Phone #