


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90357 001 \*\*\*100.00

<b>DOCUMENT # M02000001665</b>	
1. Entity Name BFC 3 LLC	

Principal Place of Business ONE BUCKEYE DRIVE PERRY, FL 32348	Mailing Address ONE BUCKEYE DRIVE PERRY, FL 32348
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Attn: Legal Dept. 1001 Tillman Street Suite, Apt. #, etc.
City & State Memphis, TN	City & State Memphis, TN 38112-2096
Zip Country	Zip Country

01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 88-0485758	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BFOL 2 INC. 100 BUCKEYE DRIVE PERRY, FL 32348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BFC 2 INC. 100 BUCKEYE DRIVE PERRY, FL 32348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Sheila Jordan Cunningham* 1/26/07 (901) 320-8409  
SHEILA JORDAN CUNNINGHAM, SECRETARY OF ITS  
Managing Member,