

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003836

Entity Name: TBF FINANCIAL, LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

CORPORATE 500 CENTRE
520 LAKE COOK RD., STE 510
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

CORPORATE 500 CENTRE
520 LAKE COOK RD., STE 510
DEERFIELD, IL 60015

New Mailing Address:

FEI Number: 36-4265807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZWEIBEL, ERIC B
8751 W. BROWARD BLVD., STE. 100
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOEHM, ADAM
Address: 520 LAKE COOK RD., STE 510
City-St-Zip: DEERFIELD, IL 60015

Title: MGR () Delete
Name: BOEHM, BRETT
Address: 520 LAKE COOK RD., STE 510
City-St-Zip: DEERFIELD, IL 60015

Title: MGR () Delete
Name: BOEHM, ROBERT
Address: 520 LAKE COOK RD., STE 510
City-St-Zip: DEERFIELD, IL 60015

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRETT BOEHM

MNGR

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date