2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000001375

1. Entity Name
BOCF, LLC

Principal Place of Business	Mailing Address
777 S. HARBOUR ISLAND BLVD., STE. 375 TAMPA, FL 33602	777 S. HARBOUR ISLAND BLVD., STE. 375 TAMPA, FL 33602

04292004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1623890
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000144691
04/30/04-80141-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ADAMEK, THOMAS J
STREET ADDRESS	450 LAUREL ST., STE. 1450
CITY-ST-ZIP	BATON ROUGE, LA 70801
TITLE	MGRM
NAME	BROOKS, RONALD D
STREET ADDRESS	191 NATIONWIDE BLVD., STE. 600
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	MGRM
NAME	WITTEN, JOHN P
STREET ADDRESS	191 W. NATIONWIDE BLVD.
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	MGRM
NAME	RINKER, KENT K
STREET ADDRESS	3040 RIVERSIDE DR.
CITY-ST-ZIP	COLUMBUS, OH 43221
TITLE	MGRM
NAME	LUX, STEVEN F
STREET ADDRESS	777 S. HARBOUR ISLAND BLVD., STE. 375
CITY-ST-ZIP	TAMPA, FL 33602
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 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.

SIGNATURE: _____ Barry G. Gowdy, Treasurer 4/29/04 614/246-2475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #