

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001375

Entity Name: BOCF, LLC

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

777 S. HARBOUR ISLAND BLVD., STE. 375  
TAMPA, FL 33602

## New Principal Place of Business:

## Current Mailing Address:

777 S. HARBOUR ISLAND BLVD., STE. 375  
TAMPA, FL 33602

## New Mailing Address:

FEI Number: 31-1623890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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/MEMBERS:

Title: MGRM ( ) Delete  
Name: ADAMEK, THOMAS J  
Address: 450 LAUREL ST., STE. 1450  
City-St-Zip: BATON ROUGE, LA 70801

Title: MGRM ( ) Delete  
Name: BROOKS, RONALD D  
Address: 191 NATIONWIDE BLVD., STE. 600  
City-St-Zip: COLUMBUS, OH 43215

Title: MGRM ( ) Delete  
Name: WITTEN, JOHN P  
Address: 191 W. NATIONWIDE BLVD.  
City-St-Zip: COLUMBUS, OH 43215

Title: MGRM ( ) Delete  
Name: RINKER, KENT K  
Address: 3040 RIVERSIDE DR.  
City-St-Zip: COLUMBUS, OH 43221

Title: MGRM ( ) Delete  
Name: LUX, STEVEN F  
Address: 777 S. HARBOUR ISLAND BLVD., STE. 375  
City-St-Zip: TAMPA, FL 33602

## 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:

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 Section 119.07(3)(i), 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: BARRY G. GOWDY

TREA

04/19/2005

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