

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062901

Entity Name: BFIM SPECIAL LIMITED PARTNER, INC.**Current Principal Place of Business:**C/O BFIM, LP
101 ARCH ST, 13TH FLOOR
BOSTON, MA 02110**Current Mailing Address:**C/O BFIM, LP
101 ARCH ST, 13TH FLOOR
BOSTON, MA 02110 US**FEI Number:** 59-3654883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 E PARK AVE 2ND FL
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	VOYENTZIE, GREGORY
Address	C/O BFIM, LP, 101 ARCH ST, 13TH FLOOR
City-State-Zip:	BOSTON MA 02110

Title	TREASURER
Name	REYNOLDS, MARIE D
Address	C/O BFIM, LP, 101 ARCH ST, 13TH FLOOR
City-State-Zip:	BOSTON MA 02110

Title	DIRECTOR
Name	VOYENTZIE, GREGORY
Address	C/O BFIM, LP, 101 ARCH ST, 13TH FLOOR
City-State-Zip:	BOSTON MA 02110

Title	SECRETARY
Name	GLADSTONE, MICHAEL H.
Address	C/O BFIM, LP, 101 ARCH ST, 13TH FLOOR
City-State-Zip:	BOSTON MA 02110

Title	VP
Name	GLADSTONE, MICHAEL H.
Address	C/O BFIM, LP, 101 ARCH ST, 13TH FLOOR
City-State-Zip:	BOSTON MA 02110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY VOYENTZIE

PRESIDENT

04/27/2020

Electronic Signature of Signing Officer/Director Detail_____
Date