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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE R. BOSCHETTI

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

1200 PONCE DE LEON BOULEVARD CORAL GABLES. FL 33134

Current Mailing Address:

1200 PONCE DE LEON BOULEVARD CORAL GABLES. FL 33134

FEI Number: 55-0826493

Name and Address of Current Registered Agent:

VALDES, AILEEN 1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BOSCHETTI, JOSE R	Name	BOSCHETTI, LUIS R
Address	1200 PONCE DE LEON BOULEVARD	Address	1200 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

DOCUMENT# L0300009897

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BF STRITTER ESTATES, LLC

Certificate of Status Desired: No

Date

04/30/2013 Date

MANAGER