2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000220436

Entity Name: BFC PROPERTY ACQUISITION I, LLC

Current Principal Place of Business:

9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Current Mailing Address:

PO BOX 23627
JACKSONVILLE, FL 32241-3627 US

FEI Number: 59-0904473

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILDEBRAND, LUCAS J
9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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: LUCAS J HILDEBRAND   04/25/2022

             Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MANAGER, VP		Title	MANAGER, VP
Name	RHODES, T MITCHELL		Name	HAMILTON, REBECCA A
Address	9540 SAN JOSE BLVD		Address	9540 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32257		City-State-Zip:	JACKSONVILLE FL 32257
Title	MANAGER		Title	PRESIDENT
Name	PEYTON, JOHN S		Name	PEYTON, H HILL
Address	9540 SAN JOSE BLVD		Address	9540 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32257		City-State-Zip:	JACKSONVILLE FL 32257
Title	VP, SECRETARY, TREASURER		Title	ASST. SECRETARY
Name	HILDEBRAND, LUCAS J		Name	WELLS, BETH A
Address	9540 SAN JOSE BLVD		Address	9540 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32257		City-State-Zip:	JACKSONVILLE FL 32257
Title	VP			
Name	JUNK, MICHAEL L			
Address	9540 SAN JOSE BLVD			
City-State-Zip:	JACKSONVILLE FL 32257			

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

SIGNATURE: LUCAS J HILDEBRAND   VICE PRESIDENT   04/25/2022

           Electronic Signature of Signing Authorized Person(s) Detail   Date