


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90109 017 ****50.00

DOCUMENT # L00000015885

1. Entity Name
BHG PROPERTIES, LLC



Principal Place of Business
**2814 WEST VIRGINIA AVE.
 TAMPA, FL 33607**

Mailing Address
**2814 WEST VIRGINIA AVE.
 TAMPA, FL 33607**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

24062434



02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3688444 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVA, ALBERT P
 ONE TAMPA CITY CENTER, SUITE 2200
 TAMPA, FL 33601**

7. Name and Address of New Registered Agent

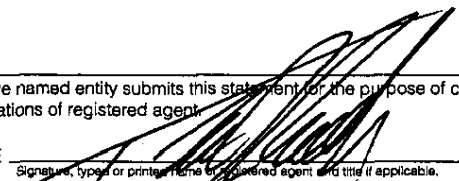
Name CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable)
One Harbour Place, 5th Floor

777 S. Harbour Island Boulevard

City Tampa FL Zip Code 33602

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 4/30/04

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GLOVER, MATTHEW	
STREET ADDRESS	4209 W. CULBREATH AVE.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GOLDMAN, ANTHONY	
STREET ADDRESS	3304 W. MORELAND DRIVE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	IRWIN, JAMES	
STREET ADDRESS	16054 PENWOOD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PRIDA, XAVIER	
STREET ADDRESS	2626 S. DUNDEE BLVD.	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TOOLE, JOHN	
STREET ADDRESS	4415 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE 4/27/2004 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE