

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015885

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: BHG PROPERTIES, LLC

**Current Principal Place of Business:**

2814 WEST VIRGINIA AVE.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2814 WEST VIRGINIA AVE.  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-3688444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 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: GLOVER, MATTHEW  
Address: 4209 W. CULBREATH AVE.  
City-St-Zip: TAMPA, FL 33609

Title: MGR ( ) Delete  
Name: GOLDMAN, ANTHONY  
Address: 3304 W. MORELAND DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: MGR ( ) Delete  
Name: IRWIN, JAMES  
Address: 16054 PENWOOD DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete  
Name: PRIDA, XAVIER  
Address: 2626 S. DUNDEE BLVD.  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: TOOLE, JOHN  
Address: 4415 BAYSHORE BLVD.  
City-St-Zip: TAMPA, FL 33611

**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: MATTHEW U. GLOVER, MD

MGRM

04/19/2005

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