

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90001 038 ****50.00

0034079

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3688444**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, MATTHEW	NAME	
STREET ADDRESS	4209 W. CULBREATH AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ANTHONY	NAME	
STREET ADDRESS	3304 W. MORELAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, JAMES	NAME	
STREET ADDRESS	16054 PENWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDA, XAVIER	NAME	
STREET ADDRESS	2626 S. DUNDEE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLE, JOHN	NAME	
STREET ADDRESS	4415 BAYSHORE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: *Matthew Glover* **2/28/03**

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

Date

Daytime Phone #

CR2E083 (10/02)