


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000053333</b> 1. Entity Name <b>BHP INVESTMENTS, LLC</b>	
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Principal Place of Business <b>698 NE 69 STREET MIAMI, FL 33138 US</b>	Mailing Address <b>698 NE 69 STREET MIAMI, FL 33138 US</b>
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DO NOT WRITE IN THIS SPACE

FILED  
Sep 18, 2008 08:00 AM  
Secretary of State



07082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>76-0767138</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PIOTROWSKI, BRUNO  
698 NE 69 STREET  
MIAMI, FL 33138**

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IN THIS SPACE

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 \$138.75  
Due by September 12, 2008**

In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000959888  
09/18/08-80005-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PIOTROWSKI, BRUNO 698 NE 69 STREET MIAMI, FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PIOTROWSKI, BRUNO 698 NE 69 STREET MIAMI, FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PIOTROWSKI, HOLLY 698 NE 69 STREET MIAMI, FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 7-01-08      Daytime Phone #: 305-776-8776

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