


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053333 1. Entity Name BHP INVESTMENTS, LLC	
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Principal Place of Business 698 NE 69 STREET MIAMI, FL 33138 US	Mailing Address 698 NE 69 STREET MIAMI, FL 33138 US
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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 76-0767138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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	MGR PIOTROWSKI, BRUNO 698 NE 69 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIOTROWSKI, BRUNO 698 NE 69 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIOTROWSKI, HOLLY 698 NE 69 STREET MIAMI, FL 33138
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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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