


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90180 043 \*\*\*138.75

DOCUMENT # L05000011018  
 1. Entity Name  
 BHR CASA DE SOL LLC



Principal Place of Business 8468 GULF BLVD NAVARRE, FL 32566	Mailing Address PO BOX 6148 NAVARRE, FL 32566
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60022107



04072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2263597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FOUNTAIN LAW FIRM PA  
 2045 FOUNTAIN PROFESSIONAL COURT SUITE A  
 NAVARRE, FL 32566

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDEN, ROGER S <del>8527 MONACO CIRCLE</del> 7303 Spinnaker Ct NAVARRE, FL 32566
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**DO NOT WRITE 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: 4-7-08 Daytime Phone #: 850-509-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE