2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077620

Entity Name: BHE INVESTMENTS, L.L.C.

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18660 COLLINS AVENUE SUITE 101 SUNNY ISLES BEACH, FL 33160

Current Mailing Address: New Mailing Address:

18660 COLLINS AVENUE SUITE 101 SUNNY ISLES BEACH, FL 33160

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

HADIDA, SALOMON 18660 COLLINS AVENUE SUITE 101 SUNNY ISLES BEACH, FL 33160 US

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/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HADIDA, SALOMON Name: Name: 20780 N.E. 30TH PLACE Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BENHAMU, ABRAHAM Name: Name: Address: 1882 N.W. 97TH AVENUE Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CHOCRON, JACOB Name: Name: AVE. LOS BUCARES, EDF EL REMANSO Address: Address: City-St-Zip: CARACAS, VENEZUELA COD 1010, City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CHOCRON, CHIMOL Name: Address: 18660 COLLINS AVENUE #101 Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition EDERAI, JEAN JACQUES Name: Name: 1261 KANE CONCOURSE Address: Address: City-St-Zip: BAY KANE COURSE, FL 33154 City-St-Zip: Title: () Delete Title: () Change () Addition CHOCRON, PERLA Name: Name: Address: AVE. LOS BUCARES ED EL REMANASO Address: CARACAS, VENEZUELA COD 1010, City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SALOMON HADIDA MGR 04/28/2007