2007 LIMITED LIABILITY COMPANY

Mar 30, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L05000021475** 03-30-2007 90035 007 ****55.00 BHH LEASING #2, LLC Principal Place of Business Mailing Address ~~~~034 10100-B AILERON AVENUE 10100-B AILERON AVENUE PENSACOLA, FL 32506 PENSACOLA, FL 32506 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 56-2506274 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 14838 INNERARITY PT ROAD PENSACOLA, FL 32507 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGR/P TITLE Delete TITLE Addition St Change Brown, Thomas A. 14838 Innerarity Pt. Pensacola, FL 32507 NAME BROWN, THOMAS A NAME STREET ADDRESS 14838 INNERARITY PT ROAD Pt. STREET ADDRESS Road PENSACOLA, FL 32507 CITY - ST - ZIP CITY-ST-7IP TITLE Delete TITLE Tr Change ☐ Addition Lane, John H. 311 Woodbine Drive NAME LANE, JOHN H NAME STREET ADDRESS 311 WOODBINE DRIVE STREET ADORESS PENSACOLA, FL 32503 CITY-ST-ZIP CITY-ST-ZIP Pensacola, FL 32503 TITLE ☐ Delete TITLE Change Addition Brown, Michael C. NAME NAME STREET ADDRESS STREET ADDRESS 401 Colbert Avenue CITY-ST-7IP CITY-ST-ZIP <u>Pensacola, FL 32507</u> TITLE ☐ Delete TITLE Change X Addition NAME Brown, Patrick F. 400 Colbert Avenue NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pensacola, FL 32507 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

FILED

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: John H. Lane, Secretary 3/1/07 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE