

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017956**

1. Entity Name  
**BHL ENTERPRISES, L.L.C.**



Principal Place of Business

**2529 JARDIN LANE  
WESTON, FL 33327**

Mailing Address

**P O BOX 266606  
WESTON, FL 33326**



02222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**54-2080576**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LIBES, BENNETT  
2529 JARDIN LANE  
WESTON, FL 33327**

**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

*Bennett*

*President*

*3/28/07*

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**

9. MANAGING MEMBERS/MANAGERS

|                |                  |
|----------------|------------------|
| TITLE          | P                |
| NAME           | LIBES, BENNETT   |
| STREET ADDRESS | 2529 JARDIN LANE |
| CITY-ST-ZIP    | WESTON, FL 33327 |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
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| CITY-ST-ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |

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04/10/07-80006-023 50.00

**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 606, Florida Statutes.

SIGNATURE

*Bennett*