


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002646</b> 1. Entity Name BHR LAND DEVELOPMENT, LLC	
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Principal Place of Business 2237 LITHIA CENTER LN VALRICO, FL 33594	Mailing Address 2237 LITHIA CENTER LN VALRICO, FL 33594
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**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0998622	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  HAGUE, SUSAN B 2237 LITHIA CENTER LN VALRICO, FL 33594
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

1100000024880  
02/02/04-80088-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FRED BEARISON, MD 2237 LITHIA CENTER LN VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN ROG, MD 2237 LITHIA CENTER LN VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SUSAN B. HAGUE, ARNP 2237 LITHIA CENTER LN VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Susan B. Hague 1-26-04 813 662 0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #