2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002646

1. Entity Name
BHR LAND DEVELOPMENT, LLC



FILED Jan 18, 2005 08:00 AM Secretary of State

Principal Place of Business

2237 LITHIA CENTER LN VALRICO, FL 33594 Mailing Address

2237 LITHIA CENTER LN Valrico, Fl. 33594



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number | Applied For | 65-0998622 | Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

HAGUE, SUSAN B 2237 LITHIA CENTER LN VALRICO, FL 33594

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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8. The above the obligation	e named entity submits this statement for the purpose of chainons of registered agent.	nging its registered office or registered ager	it, or both, in the State of Florida I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent apparture required when reins	DATE			
F	iling Fee is \$50.00 ue by May 1, 2005	(1011) - eg acreo Ages apparet reques mantere	iasty) Date			
9.	MANAGING MEMBERS/MANAGERS					
TOTALE NAME STREET ADDRESS CRY-ST-ZIP	PRES FRED BEARISON, MD 2237 LITHIA CENTER LN VALRICO, FL 33594		U00000184411 01/20/05-80028-017 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN ROG, MD 2237 LITHIA CENTER LN VALRICO, FL 33594		01/20/05-80028-017 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SUSAN B. HAGUE, ARNP 2237 LITHIA CENTER LN VALRICO, FL 33594		OO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	N THIS SPACE			
TITLE NAME STREET ADDRESS CRY-ST-7IP						
THE NAME			•			

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutos, I further certify that the Information indicated on this report is true and accurate and that my signature shall have the same logal 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 Statutos.

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SIGNATURE ÁND	TYPED OR	PRINTED MAIN	E OF CICHING	MANA MENO MEN	DED OD	TOTALONZEO DEO	OCCUPATION
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Daytime Phone # 0/23