


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L00000002646</b>		
1. Entity Name BHR LAND DEVELOPMENT, LLC		
Principal Place of Business 2237 LITHIA CENTER LN VALRICO, FL 33594	Mailing Address 2237 LITHIA CENTER LN VALRICO, FL 33594	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HAGUE, SUSAN B 2237 LITHIA CENTER LN VALRICO, FL 33594		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FRED BEARISON, MD 2237 LITHIA CENTER LN VALRICO, FL 33594	<b>DO NOT WRITE IN THIS SPACE</b>
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: <u>Susan B Hague arnp</u> 1/13/06 813 662 0123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-0998622

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

0000001393407  
01/25/06-80016-022 50.00