

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90022 008 \*\*\*138.75

**DOCUMENT # L00000002646**

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**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**65-0998622**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**33596**

**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

*Susan B. Hague*

(NOTE: Registered Agent signature required when reinstating)

**1-7-08**

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

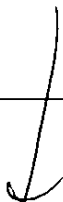
**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
FRED BEARISON, MD  
2237 LITHIA CENTER LN  
VALRICO, FL ~~33594~~**

**33596**

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

**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 608, Florida Statutes.

**SIGNATURE:**

*Susan B. Hague ARNP*

**1-7-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #