

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002646

FILED
Jan 07, 2009
Secretary of State

Entity Name: BHR LAND DEVELOPMENT, LLC

Current Principal Place of Business:

2237 LITHIA CENTER LN
VALRICO, FL 33594

New Principal Place of Business:

2237 LITHIA CENTER LN
VALRICO, FL 33596

Current Mailing Address:

2237 LITHIA CENTER LN
VALRICO, FL 33594

New Mailing Address:

2237 LITHIA CENTER LN
VALRICO, FL 33596

FEI Number: 65-0998622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGUE, SUSAN B
2237 LITHIA CENTER LN
VALRICO, FL 33596 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FRED BEARISON, MD,
Address: 2237 LITHIA CENTER LN
City-St-Zip: VALRICO, FL 33596

Title: VP () Delete
Name: JOHN ROG, MD,
Address: 2237 LITHIA CENTER LN
City-St-Zip: VALRICO, FL 33596

Title: SEC () Delete
Name: SUSAN B. HAGUE, ARNP,
Address: 2237 LITHIA CENTER LN
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

SEC

01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date