




**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007338 1. Entity Name B.O.M.H.P., LLC		
Principal Place of Business 15070 EAST COLONIAL ORLANDO, FL		Mailing Address 4141 S. ATLANTIC AVE #509 NEW SMYRNA BEACH, FL 32169
DO NOT WRITE IN THIS SPACE		
		 03092007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 59-3653638		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 WEIDE, BARBARA 4141 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169		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: <u>Barbara Weide</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/16/07</u>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		 03/27/07-80102-025 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP WEIDE, BARBARA 4141 S ATLANTIC AVE #509 NEW SMYRNA BEACH, FL 32169	
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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>Barbara Weide</u> <u>BARBARA WEIDE</u> DATE: <u>3/16/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		