

2001 UNIFORM BUSINESS REPORT (UBR)

0014977 AF

DOCUMENT # L00000007520
1. Entity Name
 BHL, L.L.C.

FILED
 01 APR 13 PM 5:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 19452 CEDAR GLEN DRIVE
 BOCA RATON FL

Mailing Address
 19452 CEDAR GLEN DRIVE
 BOCA RATON FL

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
 65-1030754

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ENGELHARD, SHELDON
 5355 TOWN CENTER ROAD, SUITE 801
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

~~100004034981--2~~
~~04/20/01--01045--021~~
~~*****50.00 *****50.00~~

9. MANAGING MEMBERS/MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|--------------|------------------|------------------------|----------------------|---------------------------------|
| PARTNER MGRM | HOWARD HABERMAN | 19452 CEDAR GLEN DRIVE | BOCA RATON, FL 33486 | <input type="checkbox"/> |
| PARTNER MGRM | RONALD BERKOWITZ | 19452 CEDAR GLEN DRIVE | BOCA RATON, FL 33486 | <input type="checkbox"/> |
| PARTNER MGRM | WALTER LIPKIN | 7567 REXFORD RD | BOCA RATON, FL 33486 | <input type="checkbox"/> |
| PARTNER MGRM | BRIAN BERKOWITZ | 19452 CEDAR GLEN DRIVE | BOCA RATON, FL 33486 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **DATE:** 3/19/01 **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)