

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90029 002 ****50.00

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DOCUMENT # L00000007520

1. Entity Name
BHL, L.L.C.



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

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ENGELHARD, SHELDON
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON FL 33486

4. FEI Number **65-1030754**

Applied For: Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HABERMAN, HOWARD <input type="checkbox"/> Delete 19452 CEDAR GLEN DRIVE BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERKOWITZ, RONALD <input type="checkbox"/> Delete 19452 CEDAR GLEN DRIVE BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPKIN, WALTER <input type="checkbox"/> Delete 7567 REXFORD ROAD BOCA RATON FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERKOWITZ, BRIAN <input type="checkbox"/> Delete 19452 CEDAR GLEN DRIVE BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Walter Lipkin* **WALTER LIPKIN** **MGRM** **4/13/03** **561 400 9820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)