

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015099

1. Entity Name

BDH, L.L.C.

Principal Place of Business

1134 S.W. SWAN LAKE CIRCLE WEST
PORT ST LUCIE FL 34986

Mailing Address

1134 S.W. SWAN LAKE CIRCLE WEST
PORT ST LUCIE FL 34986

2. Principal Place of Business

15965 West Park Ln

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Florida

Zip

34945

Country

USA

Zip

Country

4. FEI Number

819

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOHL JR, N. DEAN
50 S.E. KINDRED ST., STE 107
STUART FL 34995

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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-07/31/01--01079--016

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE President
NAME Bryan Hacht
STREET ADDRESS 6854 N.W. Brookhaven Ave
CITY-ST-ZIP Ft. Pierce, FL 34983

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

7-15-01 561-465-1280

CR2E083 (5/01)