## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000015885

Entity Name: BHG PROPERTIES, LLC

4415 BAYSHORE BLVD.

TAMPA, FL 33611

Address:

City-St-Zip:

FILED Mar 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2814 WEST VIRGINIA AVE. TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 2814 WEST VIRGINIA AVE. TAMPA, FL 33607 FEI Number: 59-3688444 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 336075736 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete Name: GLOVER, MATTHEW Name: Address: 4209 W. CULBREATH AVE. Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GOLDMAN, ANTHONY Name: Address: 3304 W. MORELAND DRIVE Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: MGR () Delete Title: () Change () Addition IRWIN, JAMES Name: Name: 16054 PENWOOD DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: PRIDA, XAVIER Name: 2626 S. DUNDEE BLVD. Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition TOOLE, JOHN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MATTHEW GLOVER MD MGRM 03/21/2008