2004 LIMITED LIABILITY COMPANY

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

Mar 23, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L01000004804** 03-23-2004 90070 017 ****50.00 BHD DEVELOPMENT, LLC Mailing Address Principal Place of Business 8259 NORTH MILITARY TRAIL 8259 NORTH MILITARY TRAIL SUITE 3 SUITE 3 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-1110610 Not Applicable Zip Country Zíp Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARPELL, ALAN Street Address (P.O. Box Number is Not Acceptable) 8259 NORTH MILITARY TRAIL SUITE 3 PALM BEACH GARDENS, FL 33410 Zip Code B. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ΉΠΕ ☐ Change Addition TILLE ☐ Delete TARPELL, ALAN NAME NAME STREET ADDRESS 8259 NORTH MILITARY TRAIL #3 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CTY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change Addition TITLE THOMPSON, DAN NAME NAME STREET ADDRESS 8259 NORTH MILITARY TRAIL #3 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE TITLE Chance Addition Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby 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.

FILED

Daytime Phone #