


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90017 001 \*\*\*\*50.00

<b>DOCUMENT # L01000004804</b> 1. Entity Name BHD DEVELOPMENT, LLC	
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Principal Place of Business 631 US HWY 1 SUITE 100 N PALM BEACH, FL 33408	Mailing Address 631 US HWY 1 SUITE 100 N PALM BEACH, FL 33408
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**DO NOT WRITE IN THIS SPACE**



03172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1110610	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TARPELL, ALAN 631 US HWY 1 STE 100 NORTH PALM BEACH, FL 33408
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TARPELL, ALAN 631 US HWY 1 STE 100 NORTH PALM BEACH, FL 3340833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, DAN 631 US HWY 1 STE 100 NORTH PALM BEACH, FL 33408
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** ALAN TARPELL 4/21/06 561 840-4777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #