

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011581

1. Entity Name
BHB FLORIDA HOME, LLC



FILED

2006 JUL 12 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1200 N. FEDERAL HIGHWAY, SUITE 417
BOCA RATON, FL 33432

Mailing Address
1200 N. FEDERAL HIGHWAY, SUITE 417
BOCA RATON, FL 33432

2. Principal Place of Business
c/o Michael H. Leeds, Esq.

3. Mailing Address
c/o Bernard Glassman, Esq.

Suite, Apt. #, etc.
1200 N. Federal Highway

Suite, Apt. #, etc.
Blank Rome, LLP

City & State Suite 417
Boca Raton, FL

City & State One Logan Square
Philadelphia, PA

Zip Country
33432 USA

Zip
19103-6998

Country
USA

06192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BRODSKY, HARVEY
STREET ADDRESS 4635 CHERRY LAUREL LANE, DELAIRE COUNTRY C
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Brodsky, Harvey
STREET ADDRESS 3740 S. Ocean Blvd., Unit #1607
CITY-ST-ZIP Highland Beach, FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Harvey Brodsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #