## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000011581

1. Entity Name BHB FLORIDA HOME, LLC

FILED Jan 29, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

C/O MICHAEL H. LEEDS, ESQ.//BLANK ROME LLP 1200 N. FEDERAL HIGHWAY, SUITE 417

BOCA RATON, FL 33432

Mailing Address

C/O BERNARD GLASSMAN, ESQ. ONE LOGAN SQUARE PHILADELPHIA, PA 19103-6998



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	NOT APPLICABLE	
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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

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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 Squature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE				
F	iling Fee is \$50.00 ue by May 1, 2007		<del>000000609008</del> 02/01/07-80033-003 <b>50.00</b>	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRODSKY, HARVEY 3740 S. OCEAN PARK BLVD., UNIT #1607 HIGHLAND BEACH, FL 33487		···· ···	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
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TITLE MAME 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 prystee empowered to execute this report as required by Chapter 608, Florida Statutes.				