## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011581

1. Entity Name BHB FLORIDA HOME, LLC

Principal Place of Business

C/O MICHAEL H. LEEDS, ESO, //BLANK ROME LLP 1200 N. FEDERAL HIGHWAY, SUITE 417 BOCA RATON, FL 33432

Mailing Address

NOT WRITE IN THIS SPACE

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

**FILED** Feb 08, 2008 08:00 AN **Secretary of State** 



01102008 No Chg-LLC

CR2E083 (12/07)

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

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

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

## DO NOT WRIT 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	t
	the obligations of registered agent.	
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(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGR						
NAME	BRODSKY, HARVEY						
STREET ADDRESS	3740 S. OCEAN PARK BLVD., UNIT #1607						
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487						
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11. I hereby certify that the information supplied with this filing does not qualify for the							

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e exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I nereby certify that the information supplied with this liling 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.

DIFAUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PR

Davtime Phone #