

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90065 028 ****55.00

DOCUMENT # L01000013234

1. Entity Name
BHD ELECTRICAL, LLC



Principal Place of Business
**8259 NORTH MILITARY TRAIL SUITE 3
 PALM BEACH GARDENS, FL 33410**

Mailing Address
**8259 NORTH MILITARY TRAIL SUITE 3
 PALM BEACH GARDENS, FL 33410**

XXXXXXXXXX

2. Principal Place of Business
631 US HWY ONE

Suite, Apt. #, etc.
Suite # 100

City & State
North Palm Bch, FL

Zip
33408

Country
U.S.A.

3. Mailing Address
631 US HWY ONE

Suite, Apt. #, etc.
Suite # 100

City & State
North Palm Bch, FL

Zip
33408

Country
U.S.A.



08162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1130540

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, DAN
8259 NORTH MILITARY TRAIL SUITE 3
PALM BEACH GARDENS, FL 33410

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 DAN THOMPSON DP Thompson DATE 8-16-04

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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, MARK 8259 NORTH MILITARY TR #3 WEST PALM BEACH, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby 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.

SIGNATURE: Mark Harrison DATE 8/18/04 DAYTIME PHONE # 561-719-4533

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

ATTACHMENT

20080513

20100013234

To Whom It May Concern:

I would appreciate it if you would be able to process this and get the certificate back to me using our overnight FedEx account number, which is 1121-4517-6. If there are any questions please contact me at 561-840-4747.

Thank You,

Mark Harrison
BHD Electrical, LLC