



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90450 037 ****50.00

DOCUMENT # L02000004912						
1. Entity Name BHW SOLUTIONS, L.L.C.						
Principal Place of Business 9130 S. DADELAND BLVD., SUITE 1504 MIAMI, FL 33156			Mailing Address 9130 S. DADELAND BLVD., SUITE 1504 MIAMI, FL 33156			
2. Principal Place of Business 2020 NE 163rd street Suite, Apt. #, etc. Suite 300 City & State North Miami Beach-FL Zip 33162		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country USA				
04192004 Chg-LLC CR2E083 (10/03)		4. FEI Number 02-0555882		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent GUZMAN, MARIO I 9130 S. DADELAND BLVD SUITE #1504 MIAMI, FL 33156				
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGEL WILENSKY, LEON MIGUEL JULIAN ALVAREZ 725 CAPITAL FEDERAL (1414) ARGIN,		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21205 Yacht Club Dr #2609 Aventura - FL - 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENIG DE WILENSKY, BEATRIZ MONICA JULIAN ALVAREZ 725 CAPITAL FEDERAL (1414) ARGIN,		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21205 Yacht Club Dr #2609 Aventura - FL - 33180	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	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"/> Delete	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: <u>Mario I Guzman</u> MGRM				04/19/04 305-343 0570		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		