

# L02 00000 6036

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN -1 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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06/01/10--01004--001 \*\*288.75

CR2E041 (05/10)

**LIMITED LIABILITY COMPANY**  
**2ND ANNUAL REPORT**

**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # L02 00000 6036**

1. Limited Liability Company's Name  
**BHGC, LLC**

2. Principal Office Address - No P.O. Box # <b>844 HAY POND FARM RD</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>PO BOX 508</b> Suite, Apt. #, etc.	
City & State <b>MONTICELLO, FLORIDA</b>		City & State <b>MONTICELLO, FLORIDA</b>	
Zip <b>32344</b>	Country <b>USA</b>	Zip <b>32345</b>	Country <b>USA</b>

4. State/Country of Formation <b>FLORIDA, JEFFERSON</b>	
5. Date Organized or Qualified To Do Business in Florida <b>3-14-02</b>	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
**GEORGE CARSWELL**

Street Address (P.O. Box Number is Not Acceptable)  
**844 HAY POND FARM RD**

Suite, Apt. #, Etc.

City  
**MONTICELLO, FLORIDA**

State  
**FL**

Zip Code  
**32344**

**no prior notices Received for filing 2010 A.R.**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **[Signature]** Date **5/28/10**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GEORGE CARSWELL	844 HAY POND FARM RD	MONTICELLO, FL 32344
MGR	CAROLINE CARSWELL	844 HAY POND FARM RD	MONTICELLO, FL 32344

**MPC 6/1/10**

11. E-mail Address: **CCARSWELL@BMC1.COM**  
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager **[Signature]** Date **5-28-10** Daytime Phone # **850 997-4000**

Typed or printed name of signing Managing Member/Manager **CAROLINE C. CARSWELL**