

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90575 030 \*\*\*\*50.00

**DOCUMENT # L02000006036**

1. Entity Name  
**BHGC, LLC**



Principal Place of Business  
**841 HAY POND FARM ROAD  
MONTICELLO, FL 32344**

Mailing Address  
**PO BOX 508  
MONTICELLO, FL 32345**

2. Principal Place of Business

**844 Hay Pond Farm Rd**

3. Mailing Address

**P.O. Box 508**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Monticello, FL**

City & State

**Monticello, FL**

Zip

**32344**

Country

**USA**

Zip

**32345**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CARSWELL, GEORGE  
811 HAY POND FARM ROAD  
MONTICELLO, FL 32344**

7. Name and Address of New Registered Agent

Name **George CARSWELL**

Street Address (P.O. Box Number is Not Acceptable)

**844 Hay Pond Farm Rd**

City

**Monticello**

FL

Zip Code

**32344**

B. 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

*George Carswell*

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

(NOTE: Registered Agent's signature required when reinstating)

**5/1/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete  
NAME **GEORGE CARSWELL**  
STREET ADDRESS **844 HAY POND FARM RD.**  
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*George Carswell*

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

**5/1/03 850-997-4000**

DATE

Daytime Phone #

CR2E083 (10/02)