2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000007308

1. Entity Name
B.H.A., L.L.C.

Principal Place of Business	Mailing Address
3216 SOUTH US 1 FT. PIERCE, FL 34982	3216 SOUTH US 1 FT. PIERCE, FL 34982

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03122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3628624
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PANDYA, ARVIND
3216 SOUTH US 1
FT. PIERCE, FL 34982

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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 _____ DATE
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 May 1, 2007

U00000688247
04/10/07-80071-016 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PANDYA, HANSA
STREET ADDRESS	3216 US 1
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Arvind Pandya 3/29/07 772-464-5453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #