


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90083 015 ****50.00

DOCUMENT # L02000014730	
1. Entity Name BHCRE I, L.L.C.	

Principal Place of Business 2000 98 PALMS BOULEVARD DESTIN, FL 32541	Mailing Address PO BOX 248 DESTIN, FL 32540
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2. Principal Place of Business 1077 Hwy 98 EAST Suite, Apt. #, etc. SUITE 100	3. Mailing Address 1077 HWY 98 EAST Suite, Apt. #, etc. SUITE 100
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04282006 Chg-LLC CR2E083 (11/05)

City & State DESTIN, FL	City & State DESTIN, FL	4. FEI Number 02-0619305	Applied For <input type="checkbox"/> Not Applicable
Zip 32541	Country OKALOOSA	Zip 32541	Country OKALOOSA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BURGE, FRANK
 2000 98 PALMS BOULEVARD
 DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name: BURGE, FRANK
 Street Address (P.O. Box Number is Not Acceptable):
 1077 HWY 98 EAST, SUITE 100
 City: DESTIN FL Zip Code: 32541

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: FRANK BURGE MGR DATE: 4/28/2006
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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURGE, FRANK 2000 98 PALMS BOULEVARD DESTIN, FL 32541 <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	MGR BURGE, FRANK 1077 HWY 98 EAST, SUITE # 100 DESTIN, FL 32541 <input checked="" 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 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: Katie McCumber admin. DATE: 4/28/06 (850) 269-3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #