

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/13/2003-90048-013-\$50.00-\$50.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #L02000028714

1. Entity Name

BDHJ MANAGEMENT, LLC



Principal Place of Business

Mailing Address

1026 GRAND ISLE TERRACE
PALM BEACH GARDENS FL 33418

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PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOCHMAN, RONALD S ESQ
222 LAKEVIEW AVE., STE. 950
WEST PALM BEACH FL 33401

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Beth Spitz MGRM
1361 Rolling Green Rd

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Daniel Spitz MGRM
1361 Rolling Green Rd
W.P.B. FL 33408

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CP2E083 (4/03)