DILE NAME STREET ADDRESS City-ST-ZIP

2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 06, 2006 08:00 AM **Secretary of State DOCUMENT # L03000007018** 1. Entity Name BVH, LLC Principal Place of Business Mailing Address C/O MÁRVIN FEINSTEIN C/O MARVIN FEINSTEIN 120 SOUTH UNIVERSITY DRIVE, SUITE #B 120 SOUTH UNIVERSITY DRIVE, SUITE #B PLANTATION, FL 33324 PLANTATION, FL 33324 01242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FEINSTEIN, MARVIN 120 SOUTH UNIVERSITY DRIVE, SUITE B PLANTATION, FL 33324 IN THIS SPACE 3. 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGR 33376 FEINSTEIN, MARVIN NAME STREET ADDRESS 120 SOUTH UNIVERSITY DRIVE, SUITE #B U00000423550 02/18/06-80013-013 50.00 CITY-ST-ZIP PLANTATION, FL 33324 BILE RIGERS STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-S1-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing boes 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 it am a managing member or manager of the limited liability company or the receiver at trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED