

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

04-26-2004 90279 001 ***100.00

DOCUMENT # L03000021724 1. Entity Name BHI, L.L.C.					
Principal Place of Business 56 THIRD STREET HICKORY, NC 28601			Mailing Address 56 THIRD STREET HICKORY, NC 28601		
2. Principal Place of Business 16690 SW CHIPOLA RD		3. Mailing Address PO BOX 3343			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BLOUNTSTOWN FL		City & State HECKORY NC		4. FEI Number 81-0617268	
Zip 30424		Country USA		Zip 28603	
Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MCKIBBEN, R. BRUCE JR 1435 E. PIEDMONT DRIVE STE. 214 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREFZGER, CHARLES 56 THIRD STREET HICKORY, NC 28601 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINION MANAGEMENT GROUP, LLC PO BOX 3343 HECKORY, NC 28603 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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)(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: <u><i>Reh I V...</i></u> 4/13/04 (888)381-4903 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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