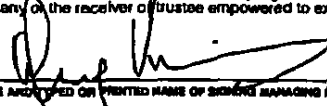


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-26-2004 90052 018 ****50.00

DOCUMENT # L03000033504					
1. Entity Name B & H 1, LLC					
Principal Place of Business 8162 TERRACE GARDEN DRIVE NORTH, APT. 103 ST. PETERSBURG, FL 33709			Mailing Address 8162 TERRACE GARDEN DRIVE NORTH, APT. 103 ST. PETERSBURG, FL 33709		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2127731	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KAMERLING, HENRY 8162 TERRACE GARDEN DRIVE NORTH, APT. 103 ST. PETERSBURG, FL 33709			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHER, BARTHOLOMEW III 6440- 62ND AVENUE NORTH #101 PINELLAS PARK, FL 33781 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMERLING, HENRY 8162 TERRACE GARDEN DR. N. #103 ST. PETERSBURG, FL 33709 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
			10. ADDITIONS/CHANGES		
			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		
			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 808, Florida Statutes.					
SIGNATURE: 			4/22/04 727-409-0960		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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