## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L03000041697** 03-03-2005 90026 034 \*\*\*\*50.00 B & H PROPERTIES OF FLORIDA, LLC Principal Place of Business Mailing Address 20017917 60 SECOND STREET, S.E. 60 SECOND STREET, S.E. WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 3. Mailing Address 106 Avenue F SW P.O. Box 860 Suite Ant # etc. Suite, Apt. #, etc. 02242005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FFI Number Applied For Winter Haven, Winter Haven. 84-1627010 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33882-0860 33880 **USA** USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barry W. Bennett BENNETT-BARRY-W -60 SECOND STREET, S.E. Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33880 106 Avenue F SW City Winter Haven 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM TITLE MGRM ☐ Delete **▼** Change ☐ Addition BENNETT, BARRY W NAME NAME Bennett, Barry W STREET ADDRESS STREET ADDRESS 106 Avenue F SW Winter Haven, FL 33880 WINTER HAVEN, FL 33880 CITY-ST-ZIP CITY-ST-ZIP **MGRM** MGRM TITLE ☐ Delete TITI S ▼ Change ☐ Addition NAME HELMS, LARRY S NAME Helms, Larry S STREET ADDRESS 60 SECOND STREET, S.E. STREET ADDRESS 106:Avenue\_F,SWL Winter Haven, FL 33880 CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP MGRM TITLE Detete TITLE Change MGRM WINES, MASON J NAME NAME Wines, Mason J STREET ADDRESS 60 SECOND STREET S.E. STREET ADDRESS 106 Avenue F SW Winter Haven, FL 33880 CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby 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.

FILED Mar 03, 2005 8:00 am