

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050337

1. Entity Name
BHWT PROPERTIES, L.L.C.



Principal Place of Business
2900 SW 28TH TERR.
GROVE PLAZA-SECOND FLOOR
COCONUT GROVE, FL 33133

Mailing Address
2900 SW 28TH TERR.
GROVE PLAZA-SECOND FLOOR
COCONUT GROVE, FL 33133



04122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1002392

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEAL S. LITMAN, P.A.
2900 SW 28TH TERR.
GROVE PLAZA-SECOND FLOOR
COCONUT GROVE, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TUTT, J. WALLACE III
2900 SW 28 TERR 2ND FLOOR
COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000358155
05/04/05-80102-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

NEAL S. LITMAN, Authorized Representative

4-26-05 (305) 444-9000