## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L04000013424

1. Entity Name B2H2, LLC



**FILED** Jan 24, 2007 08:00 AN **Secretary of State** 

Principal Place of Business

**590 SOLUTIONS WAY** ROCKLEDGE, FL 32955 Mailing Address

**590 SOLUTIONS WAY** 

ROCKLEDGE, FL 32955

US



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0754694 Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCKHOUSE, KEITH S **590 SOLUTIONS WAY** ROCKLEDGE, FL 32955

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
MLE	MGRM
HAME	BROCKHOUSE, KEITH S
STREET ADDRESS	590 SOLUTIONS WAY #100
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	MGRM
NAME	HADDOW, JOSEPH W
STREET ADBRESS	1278 TROOM WAY
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	MGRM
NAME	BROCKHOUSE, BRUCE
STREET ADDRESS	1570 MADRUGA AVE PH 1
CITY-ST-ZIP	CORAL GABLES, FL 33146
mle	MGRM
NAME	BREWER, BILLY J
STREET ADDRESS	1635 COQUINA DR
CRY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
HAME	
STREET ADORESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	

U000000600875 01/26/07-00029-004 50.00

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11. I hereby certify that the information supplied with this filling does 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 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:

CITY-ST-782

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