


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 MAY 18 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000016528					
1. Entity Name BHK, LLC					
Principal Place of Business 715 ESCOBAR AVENUE CORAL GABLES, FL 33134			Mailing Address 715 ESCOBAR AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business 173 Paloma Drive			3. Mailing Address 173 Paloma Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coral Gables, FL			City & State Coral Gables, FL		
Zip 33143		Country USA		4. EEL Number 20-0873241	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146				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: <i>Robert A. Stamen, VP</i> Robert A. Stamen, VP Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M Perez, Bertin J. 173 Paloma Drive Coral Gables, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M Perez, Maria L. 173 Paloma Drive Coral Gables, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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.			000075103570 05/23/06--01051--017 **100.00		
SIGNATURE: <i>[Signature]</i>			Date: <i>05/18/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

REINSTATEMENT 2005-2006