
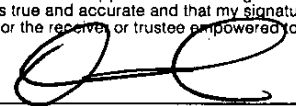


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90085 047 \*\*\*\*50.00

<b>DOCUMENT # L04000019091</b> 1. Entity Name BH PARK PLACE 96, LLC			
Principal Place of Business 701 BRICKELL AVE, STE 2280 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE, STE 2280 MIAMI, FL 33131	
2. Principal Place of Business  1200 E Ponce de Leon Blvd Miami, FL 33134		3. Mailing Address  1200 E Ponce de Leon Blvd Miami, FL 33134	
6. Name and Address of Current Registered Agent  HERNANDEZ, OMAR A 701 BRICKELL AVE, STE 2280 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <u>HERNANDEZ, OMAR A</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 E PONCE DE LEON BLVD</u> City <u>MIAMI</u> FL <u>33134</u>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, OMAR A 701 BRICKELL AVE, STE 2280 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 E Ponce de Leon Blvd. Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, LUIS R 2901 SW 8 ST, STE 204 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 E Ponce de Leon Blvd. Miami, FL 33134
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
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
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 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.			
<b>SIGNATURE:</b> 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>