2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 15, 2007 8:00 am Secretary of State DOCUMENT # L04000021494 02-15-2007 90279 001 ***150.00 1. Entity Name B&H, LLC Principal Place of Business Mailing Address 30000565 105 22ND STREET POST OFFICE BOX 314 APALACHICOLA, FL 32320 APALACHICOLA, FL 32329 02142007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRVIN, BOBBY B DO NOT WRITE 105 22ND STREET APALACHICOLA, FL 32320 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM THUE NAME KIRVIN, BOBBY B STREET ADDRESS 105 22ND STREET CITY-ST-ZIP APALACHICOLA, FL 32320 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED