

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90371 019 ***138.75

DOCUMENT # L04000025580



1. Entity Name
BH ENTERPRISES, LLC

Principal Place of Business: **322 POWDERHORN DR MIDLAND CITY, AL 36350 US**
 Mailing Address: **PO BOX 8961 DOTHAN, AL 36304 US**

00000882



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02182008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number: **03-0544373**
 Applied For: Applied For Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRY, JANICE E
118 SERENADE LN.
PANAMA CITY BEACH, FL, FL 32413

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** Delete
 NAME: **HAKENEWERT, BART W**
 STREET ADDRESS: **322 POWDERHORN DR**
 CITY-ST-ZIP: **MIDLAND CITY, AL 36350**

TITLE: **MGRM** Change Addition
 NAME: **Hakenewert, Bart W.**
 STREET ADDRESS: **P.O.Box 8961**
 CITY-ST-ZIP: **Dothan, AL 36304**

TITLE: **MGRM** Delete
 NAME: **HAKENEWERT, WALTER R**
 STREET ADDRESS: **P.O. BOX 27914**
 CITY-ST-ZIP: **PANAMA CITY BEACH, FL 32411**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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.

SIGNATURE: *[Signature]* **5/27/08** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT

~~50005882~~
#L040000255-80

BH Enterprises, LLC
P.O. Box 8961
Dothan, AL. 36304

March 14, 2008

I did not receive the filing notice. Please waive the \$400.00 late fee.

Thank You



BWH Enterprises, LLC
Bart Hakenewert
Managing Member