

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90085 044 \*\*\*\*50.00

<b>DOCUMENT # L04000026666</b> 1. Entity Name <b>BH CAPITAL PARTNERS, LLC</b>			
Principal Place of Business <b>701 BRICKELL AVENUE, SUITE 2280 MIAMI, FL 33131</b>		Mailing Address <b>701 BRICKELL AVENUE, SUITE 2280 MIAMI, FL 33131</b>	
2. Principal Place of Business  <b>1200 E Ponce de Leon Blvd Miami, FL 33134</b>		3. Mailing Address  <b>1200 E Ponce de Leon Blvd Miami, FL 33134</b>	
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, OMAR A 701 BRICKELL AVENUE, SUITE 2280 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>HERNANDEZ, OMAR A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 E. PONCE DE LEON Blvd</b> City <b>MIAMI</b> FL <b>33134</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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 AVENUE, SUITE 2280 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 E Ponce de Leon Blvd. Miami, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, LUIS R 2901 SW 8 STREET, SUITE 204 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 E Ponce de Leon Blvd. Miami, FL 33134 <input checked="" 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
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>	