

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026666

Entity Name: BH CAPITAL PARTNERS, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 20-0983496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUARCH JR., J. M  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

BODE, ODALYS  
1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ODALYS BODE

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HERNANDEZ, OMAR A  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: BOSCHETTI, LUIS R  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OMAR HERNANDEZ

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date