2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005
Secretary of State

DOCUMENT# L04000031111

Entity Name: BHI, LLC

Current Principal Place of Business:

711 WEST MAIN ST
IMMOKALEE, FL 34142

New Principal Place of Business:

250 S BRIDGE ST STE 2D
LABELLE, FL 33935

Current Mailing Address:

711 WEST MAIN ST
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 32-0014811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDRY, KAREN M
711 WEST MAIN ST
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HENDRY, KAREN M
Address: 711 WEST MAIN ST
City-St-Zip: IMMOKALEE, FL 34142

Title: MGRM ( ) Delete
Name: INGRAM, RACHEL B
Address: 711 WEST MAIN ST
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HENDRY, KAREN M
Address: 711 WEST MAIN ST
City-St-Zip: IMMOKALEE, FL 34142

Title: MGR (X) Change ( ) Addition
Name: INGRAM, RACHEL B
Address: 711 WEST MAIN ST
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN M HENDRY MGR 07/26/2005

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