

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90085 033 \*\*\*\*50.00

**DOCUMENT # L04000037786**

1. Entity Name  
**BH MIDWAY POINT 212, LLC**



Principal Place of Business  
**701 BRICKELL AVENUE, STE. 2280  
MIAMI, FL 33131**

Mailing Address  
**701 BRICKELL AVENUE, STE. 2280  
MIAMI, FL 33131**

40072110

2. Principal Place of Business  
**1200 E Ponce de Leon Blvd  
Miami, FL 33134**

3. Mailing Address  
**1200 E Ponce de Leon Blvd  
Miami, FL 33134**



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1145218**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERNANDEZ, OMAR A  
701 BRICKELL AVENUE, STE. 2280  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**HERNANDEZ, OMAR A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 E PONCE DE LEON**

City  
**MIAMI** FL Zip Code  
**33134**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, OMAR A 701 BRICKELL AVENUE, STE. 2280 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 E Ponce de Leon Blvd. Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSEHETTI, LUIS R 2901 SW 8 STREET, STE. 204 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 E Ponce de Leon Blvd. Miami, FL 33134
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
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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #