## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 29, 2005 8:00 am Secretary of State

DOCUMENT # LU4000444  1. Entity Name BHCRE-II, LLC	434				04-20-2005	5 90034 (	016 ***	*50.00	
Principal Place of Business 2000 98 PALMS BLVD. DESTIN, FL 32541	Mailing Address 2000 98 PALMS BLVD. DESTIN, FL 32541								
2. Principal Place of Business 1077 Hwy 98 East	3. Mailing Address	8 East							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02162005	Chg-LLC	CR2E08	3 (10/03)		
. City & State Destin	City & State Destin			4 FEI Numbe	112859		No	plied For It Applicable	
Zip 32541 Okaloosa:	<sup>zo</sup> 32541 (	Country OKalous a	ί.	5. Certificate	of Status Desired	□ <b>\$</b>	5.00 Add se Require	litional d	
6. Name and Address of Current F	Registered Agent	Name	2		Address of New R	gistered Ag			
BURGE, FRANK B 2000 98 PALMS BLVD. DESTIN, FL 32541	PALMS BLVD. FL 32541  Street Address				(AC. Box Number is Not Acceptable) LWY 98 East				
	Suite			·			Zin Cod		
R. The shove named early submits this statement for	the numose of channing its re			tin	h in the State of Flo	FL rida Lemita	Zip Cod		
B. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE									
Sgreature, righter of (Phried name of registered agent and title if applicable. (NOTE: Registered Agent styrature required when ministrating) OATE									
Filling Fee is \$50.00 Due by May 1, 2005 Florida Department of State.									
9. MANAGING MEMBEI	RS/MANAGERS	10. TITLE	MG	DΜ	ADDITIONS/		Change	Addition	
NAME BURGE, FRANK B STREET ADDRESS 2000 98 PALMS BLVD. CITY-ST-ZP DESTIN, FL. 32541	C.J Ocean	NAME STREET ADDRESS CITY-ST-ZIP	BUI	ZGE FR 1 HWY 98 STIN FA	ANK B EAST SUM	E#100			
TIFLE NAME	☐ Delets	TITLE NAME	UE.	31114. 1 4	J JU-5-11	<u>-</u>	Change	Addition	
STREET ADDRESS CITY-5T-ZIP		STREET ADDRESS CITY-ST-ZIP							
TITLE HAME	☐ Delete	TITLE NAME				- (	Change	Addition	
STREET ADDRESS  CITY-ST-ZIP	٠.	STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS					Change "	Addition	
CITY-ST-ZIP		CITY-ST-ZIP							
YTILE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS					Change	Addition	
CTTY-ST-ZIP TITLE	☐ Detete	CITY-ST-ZIP TITLE					Change	Addition	
NAME STREET ADDRESS CITY- ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP					. •		
11. I hereby certify that the information supplied with this filling 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 ceth; that I am a managing member or manager of the limited liability company or the psceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
La Company of the state of the									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGUNG MEMBER; MANAGUR, OR AUTHORIZED REPRESENTATIVE  Detay  Detay									