

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-20-2005 90034 016 ****50.00

DOCUMENT # L04000044434 1. Entity Name BHCRE-II, LLC					
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 Suite, Apt. #, etc. 100 City & State Destin Zip 32541		3. Mailing Address 1077 Hwy 98 East Suite, Apt. #, etc. 100 City & State Destin Zip 32541		4. FEI Number 86-112859 Applied For <input type="checkbox"/> Not Applicable	
Country Okaloosa		Country Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGE, FRANK B 2000 98 PALMS BLVD. DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Burge, Frank B Street Address (P.O. Box Number is Not Acceptable) 1077 Hwy 98 East Suite # 100 City Destin FL Zip Code 32541		
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 <u><i>Frank B. Burge</i></u> (Name) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
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	MGRM BURGE, FRANK B 2000 98 PALMS BLVD. DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGE, FRANK B 1077 HWY 98 EAST, SUITE # 100 DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGE, FRANK B 1077 HWY 98 EAST, SUITE # 100 DESTIN, FL 32541	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGE, FRANK B 1077 HWY 98 EAST, SUITE # 100 DESTIN, FL 32541	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGE, FRANK B 1077 HWY 98 EAST, SUITE # 100 DESTIN, FL 32541	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGE, FRANK B 1077 HWY 98 EAST, SUITE # 100 DESTIN, FL 32541	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGE, FRANK B 1077 HWY 98 EAST, SUITE # 100 DESTIN, FL 32541	<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: <u><i>Frank B. Burge</i></u> 4/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					