## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000080484

WOODS, MARGARET G

21 S ANCHOR LAKE DR

SANTA ROSA BEACH, FL 32459

Name:

Address:

City-St-Zip:

Entity Name: BH INVESTORS, LLC

FILED Apr 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 225 S. BAYSHORE DRIVE VALPARAISO, FL 32580 **Current Mailing Address: New Mailing Address:** 225 S. BAYSHORE DRIVE VALPARAISO, FL 32580 FEI Number: 20-1903468 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ENNIS, SUSAN B 225 S. BAYSHORE DRIVE VALPARAISO, FL 32580 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MCGEE, SHARON Name: Name: 223 NE LINCOLN DR Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ENNIS, SUSAN B Name: Address: 225 S BAYSHORE DR Address: City-St-Zip: VALPARAISO, FL 32580 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MARTIN, KELLEY L Name: Name: Address: 610 PINE CONE CT Address: City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: MODELSKI, JENNIFER Name: 2367 HERITAGE CIR Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN B. ENNIS MGR 04/25/2006