


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**


05-10-2005 90047 031 \*\*\*\*50.00

<b>DOCUMENT # L04000088607</b>	
1. Entity Name <b>BLLENHEIM HOLDINGS, LLC</b>	

Principal Place of Business <b>125 WORTH AVENUE SUITE 310 PALM BEACH, FL 33480 FL</b>	Mailing Address <b>125 WORTH AVENUE SUITE 310 PALM BEACH, FL 33480 FL</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>5055 BAISTOL COURT</b> Suite, Apt. #, etc. City & State <b>LYNDHURST, OHIO</b> Zip <b>44124</b> Country <b>U.S.</b>
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**20058396**



04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1972947</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>JOHN C. DOTERRER, P.A. 125 WORTH AVENUE SUITE 310 PALM BEACH, FL 33480</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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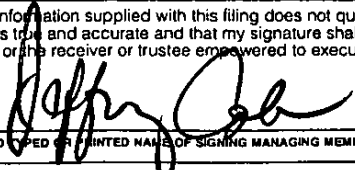
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, JEFFREY A 125 WORTH AVENUE, SUITE 310 PALM BEACH, FL 33480 <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
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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: 	Date <b>4/29/05</b>	Daytime Phone #
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