


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90085 043 ****50.00

DOCUMENT # L04000091357 1. Entity Name BH CONSULTING GROUP, LLC			
Principal Place of Business 2159 CORAL WAY MIAMI, FL 33145		Mailing Address 2159 CORAL WAY MIAMI, FL 33145	
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	
4. FEI Number 20-2037204		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSCHETTI, LUIS 2159 CORAL WAY MIAMI, FL 33145		7. Name and Address of New Registered Agent Name BOSCHETTI, LUIS Street Address (P.O. Box Number is Not Acceptable) 1200 E Ponce de Leon Blvd Miami, FL 33134 City FL Zip Code	
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. MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, OMAR A 701 BRICKELL AVE. SUITE 2280 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, OMAR A. 1200 E Ponce de Leon Blvd Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, LUIS 2159 CORAL WAY MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, LUIS 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
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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 NAME OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	