

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091582

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: BHH PINES, LLC

**Current Principal Place of Business:**

725 SW 16TH AVE  
SUITE 5  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

**Current Mailing Address:**

725 SW 16 TH AVE  
SUITE 5  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

FEI Number: 20-2021797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANKINS, RONALD C  
4408 SIMMONS ROAD  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: HANKINS, RONALD C  
Address: 4408 SIMMONS ROAD  
City-St-Zip: ORLANDO, FL 32812 US

Title: MGRM ( ) Delete  
Name: BALL, DAMON N  
Address: 5301 GRAND BANKS BLVD  
City-St-Zip: GREENACRES, FL 33463 US

Title: MGRM ( ) Delete  
Name: HARLOW, EDWARD T  
Address: 11051 NW 33RD STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: RONALD C HANKINS

MGMR

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date