


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L04000092918 1. Entity Name B.H.M. LLC |  |
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|---|---|
| Principal Place of Business 5741 WASHINGTON STREET NAPLES, FL 34109 | Mailing Address 5741 WASHINGTON STREET NAPLES, FL 34109 |
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01042007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-2294509 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$50.00 Due by May 1, 2007 | UD00000598597 01/24/07-80081-016 50.00 |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOYETTE, JOHN P 5741 WASHINGTON STREET NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HALL, ROB 5741 WASHINGTON STREET NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MILLER, ROBERT A 5741 WASHINGTON STREET NAPLES, FL 34109 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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|--|---------------------------------------|------------------------------------|
| SIGNATURE: <i>[Signature]</i> member <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 4/17/07 <small>Date</small> | <small>Daytime Phone #</small> |
|--|---------------------------------------|------------------------------------|