2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# L05000015216

Entity Name: BHW, LLC

Current Principal Place of Business:

409 ARUBA WAY
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

409 ARUBA WAY
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-2332586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMSON, DAVID L
409 ARUBA WAY
NICEVILLE, FL 32578 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: DAVID L. WILLIAMSON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: WILLIAMSON, DAVID L
Address: 409 ARUBA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: MR ( ) Delete
Name: BLACKWELL, JOHN P JR
Address: P O BOX 1770
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MR ( ) Delete
Name: HORTMAN, NORMAN G JR
Address: 414 OAK STREET
City-St-Zip: LAUREL, MS 39441

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: DAVID L. WILLIAMSON MR 10/12/2007

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