

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015216

FILED
May 06, 2008
Secretary of State

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:

Name and Address of New Registered Agent:

WILLIAMSON, DAVID L
409 ARUBA WAY
NICEVILLE, FL 32578 US

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: 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 (X) 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: MR (X) Change () Addition
Name: HORTMAN, NORMAN G JR
Address: 414 OAKS STREET
City-St-Zip: LAUREL, MS 39441

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

SEC

05/06/2008

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