

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068267

Entity Name: BHMC PARTNERS, LLC

FILED
Jul 27, 2006
Secretary of State

Current Principal Place of Business:

7680 CAMBRIDGE MANOR PLACE
SUITE 100
FORT MYERS, FL 339073615 US

Current Mailing Address:

7680 CAMBRIDGE MANOR PLACE
SUITE 100
FORT MYERS, FL 339073615 US

New Principal Place of Business:

4835 27TH STREET WEST
SUITE 110
BRADENTON, FL 34207 US

New Mailing Address:

12587 NEW BRITTANY BOULEVARD
SUITE 21
FORT MYERS, FL 339073615 US

FEI Number: 20-3136059 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:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 342057734 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: SPELLMAN, MICHAEL B PH.D.
Address: 7680 CAMBRIDGE MANOR PLACE, SUITE 100
City-St-Zip: FORT MYERS, FL 339073615 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPELLMAN, MICHAEL B PH.D.
Address: 112587 NEW BRITTANY BLVD., SUITE 21
City-St-Zip: FORT MYERS, FL 339073615 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL B. SPELLMAN

MM

07/27/2006

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