2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L05000077620

Entity Name: BHE INVESTMENTS, L.L.C.

Current Principal Place of Business:

18660 COLLINS AVENUE SUITE 101
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18660 COLLINS AVENUE SUITE 101
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HADIDA, SALOMON
18660 COLLINS AVENUE SUITE 101
SUNNY ISLES BEACH, FL 33160 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: MGR ( ) Delete
Name: HADIDA, SALOMON
Address: 20780 N.E. 30TH PLACE
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete
Name: BENHAMU, ABRAHAM
Address: 1882 N.W. 97TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete
Name: CHOCRON, JACOB
Address: AVE. LOS BUCARES, EDF EL REMANSO
City-St-Zip: CARACAS, VENEZUELA COD 1010,

Title: MGR ( ) Delete
Name: CHOCRON, CHIMOL
Address: 18660 COLLINS AVENUE #101
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR ( ) Delete
Name: EDERAI, JEAN JACQUES
Address: 1261 KANE CONCOURSE
City-St-Zip: BAY KANE COURSE, FL 33154

Title: MGR ( ) Delete
Name: CHOCRON, PERLA
Address: AVE. LOS BUCARES ED EL REMANASO
City-St-Zip: CARACAS, VENEZUELA COD 1010,

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:

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: SALOMON HADIDA MGR 04/28/2007

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