
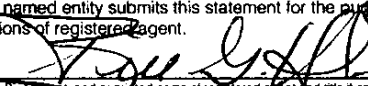
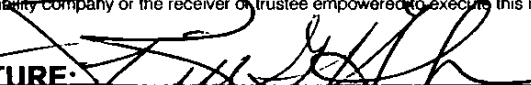


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90305 021 ****50.00

DOCUMENT # L05000083813					
1. Entity Name BH & AW, LLC					
Principal Place of Business 13902 N. DALE MABRY HWY. SUITE 199 TAMPA, FL 33618			Mailing Address 13902 N. DALE MABRY HWY. SUITE 199 TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box # 1049 ROYAL BIRKDALE DR.		3. Mailing Address 1049 ROYAL BIRKDALE DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TARPON SPRINGS, FL		City & State TARPON SPRINGS, FL		4. FEI Number 06-1754435	
Zip 34688		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKMAN, BILL G 13902 N. DALE MABRY HWY. SUITE 199 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1049 ROYAL BIRKDALE DR. City TARPON SPRINGS FL Zip Code 34688			
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  BILL G. HICKMAN DATE 2/12/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKMAN, BILL G 13902 N. DALE MABRY HWY. SUITE 199 TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1049 ROYAL BIRKDALE DR. TARPON SPRINGS, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELHOELTER, A.R. 100 HAZEL PATH, SUITE B HENDERSONVILLE, FL 37075	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
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.					
SIGNATURE: 			BILL G. HICKMAN 2/12/07 727 944 2663		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		