
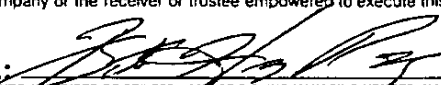


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-09-2006 90012 027 ****50.00

DOCUMENT # L05000096342 1. Entity Name BHP, LLC					
Principal Place of Business 173 PALOMA DRIVE CORAL GABLES FL 33143			Mailing Address 173 PALOMA DRIVE CORAL GABLES FL 33143		
2. Principal Place of Business 2127 Brickell Avenue Suite, Apt. #, etc. UNIT 1405		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL		City & State			
Zip 33129	Country	Zip	Country	4. FEI Number 203554111	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEREZ, BERTIN J 173 PALOMA DRIVE CORAL GABLES FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when registering) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR MANAGING MEMBER <input type="checkbox"/> Delete NAME PEREZ, BERTIN H STREET ADDRESS 173 PALOMA DRIVE CITY-ST-ZIP CORAL GABLES FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE MGR <input type="checkbox"/> Delete NAME PEREZ, BERTIN J STREET ADDRESS 173 PALOMA DRIVE CITY-ST-ZIP CORAL GABLES FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE MGR <input type="checkbox"/> Delete NAME PEREZ, MARIA L STREET ADDRESS 173 PALOMA DRIVE CITY-ST-ZIP CORAL GABLES FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			4/19/06 (305) 854-7444		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		