

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020347

FILED
Mar 15, 2007
Secretary of State

Entity Name: BRACHO ACCOMMODATION TITLE, LLC

Current Principal Place of Business:

221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

14206 LOUISE DR
SOUTHPORT, FL 32409

Current Mailing Address:

221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

PO BOX 16114
PANAMA CITY, FL 32406

FEI Number: 20-4385418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHISON, EDWARD A JR.
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

BRACHO, JENNIFER D MS
14206 LOUISE DR
SOUTHPORT, FL 32409 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: JENNIFER D. BRACHO

03/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BBHW EXCHANGE, LLC,
Address: 221 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRACHO, JENNIFER D MS
Address: 14206 LOUISE DR
City-St-Zip: SOUTHPORT, FL 32409

Title: MGRM () Change (X) Addition
Name: BRACHO, PEDRO F MR
Address: 14206 LOUISE DR
City-St-Zip: SOUTHPORT, FL 32409

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: JENNIFER D BRACHO

MGR

03/15/2007

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