

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075292

FILED
Mar 18, 2009
Secretary of State

Entity Name: BHH 4-H INVESTMENT COMPANY, LLC

Current Principal Place of Business:

1320 SOUTH DIXIE HIGHWAY, STE. 940
CORAL GABLES, FL 33146

New Principal Place of Business:

1500 SAN REMO AVENUE
SUITE # 222
CORAL GABLES, FL 33146

Current Mailing Address:

1320 SOUTH DIXIE HIGHWAY, STE. 940
CORAL GABLES, FL 33146

New Mailing Address:

1500 SAN REMO AVENUE
SUITE # 222
CORAL GABLES, FL 33146

FEI Number: 20-5762173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B & J MANAGEMENT CORPORATION
1320 SOUTH DIXIE HWY STE 940
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

B & J MANAGEMENT CORPORATION
1500 SAN REMO AVENUE
SUITE # 222
CORAL GABLES, FL 33146 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: BERNARD HERSKOWITZ

03/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERSKOWITZ, BERNARD
Address: 1320 SOUTH DIXIE HIGHWAY, STE. 940
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERSKOWITZ, BERNARD
Address: 1500 SAN REMO AVENUE, SUITE # 222
City-St-Zip: CORAL GABLES, FL 33146

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: BERNARD HERSKOWITZ

MGR

03/18/2009

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