

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075857

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** BHG NOTRE DAME DEVELOPMENT, LLC

**Current Principal Place of Business:**

150 S.E. SECOND AVE., SUITE 1202  
MIAMI, FL 33131

**New Principal Place of Business:**

150 S.E. SECOND AVE.  
SUITE 1302  
MIAMI, FL 33131

**Current Mailing Address:**

150 S.E. SECOND AVE., SUITE 1202  
MIAMI, FL 33131

**New Mailing Address:**

150 S.E. SECOND AVE.  
SUITE 1302  
MIAMI, FL 33131

FEI Number: 20-8833988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WASHINGTON, LYNN C  
701 BRICKELL AVE., SUITE 200  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

WASHINGTON, LYNN C  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131 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: \_\_\_\_\_

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BISCAYNE HOUSING GROUP, LLC  
Address: 150 SE 2ND AVENUE SUITE 1202  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BISCAYNE HOUSING GROUP, LLC  
Address: 150 SE 2ND AVENUE SUITE 1302  
City-St-Zip: MIAMI, FL 33131 US

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: GONZALO DERAMON

MEM

04/28/2009

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