

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081283

Entity Name: BHJ PARTNERS, LLC

FILED
Feb 03, 2007
Secretary of State

Current Principal Place of Business:

807 2ND ST, UNIT A
ALTAMONTE SPRINGS, FL 327013682

New Principal Place of Business:

Current Mailing Address:

807 2ND ST, UNIT A
ALTAMONTE SPRINGS, FL 327013682

New Mailing Address:

FEI Number: 51-0596810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JACK L
807 2ND ST, UNIT A
ALTAMONTE SPRINGS, FL 327013682 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOM BALL INTERESTS,, LLC
Address: 213 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM (X) Delete
Name: DALE S. JONES INVEST, MENTS, INC.
Address: 1805 CROWN WAY
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: JACK L. HINES REVOCA, BLE LIVING TRU S T
Address: 807 2ND ST, UNIT A
City-St-Zip: ALTAMONTE SPRINGS, FL 327013682

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JACK L. HINES

MGRM

02/03/2007

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