


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90333 016 ****50.00

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| DOCUMENT # L06000095706 | | | |  | |
| 1. Entity Name BHBT INTERNATIONAL INVESTMENTS, LLC | | | | | |
| Principal Place of Business 2000 N BAYSHORE DR, STE 604 MIAMI, FL 33137 | | | Mailing Address 2780 E FOWLER AVE # 247 TAMPA, FL 33612 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 205393681 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BECTON, CRAIG 2780 E FOWLER AVE #154 TAMPA, FL 33612 | | | 7. Name and Address of New Registered Agent Name: <u>BECTON, CRAIG</u> Street Address (P.O. Box Number is Not Acceptable): <u>2780 E FOWLER AVE #247</u> City: <u>TAMPA</u> FL <u>33612</u> | | |
| 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: <u>Craig Becton</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-27-07</u> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BUNCH, DAVID 2780 E FOWLER AVE #154 TAMPA, FL 33612 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BUNCH, DAVID 2780 E FOWLER AVE #247 TAMPA, FL 33612 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BECTON, CRAIG 2780 E FOWLER AVE # 154 TAMPA, FL 33612 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BECTON, CRAIG 2780 E FOWLER AVE #247 TAMPA, FL 33612 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <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 Chapter 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: <u>Craig Becton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date: <u>4-27-07</u> 813-992-1315 <small>Daytime Phone #</small> | | |

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