

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055301

Entity Name: BHI ELLINGTON FL, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

3900 PEMBROKE ROAD  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

3900 PEMBROKE ROAD  
SUITE A  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3900 PEMBROKE ROAD  
HOLLYWOOD, FL 33021

**New Mailing Address:**

3900 PEMBROKE ROAD  
SUITE A  
HOLLYWOOD, FL 33021

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DENBERG, MICHAEL B  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 US

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

SKRLD, INC  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES, FL 33134 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: OSCAR RIVERA

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BHI DEVELOPERS, LLC,  
Address: 3900 PEMBROKE ROAD  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

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

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: JAIME LEDERMAN

MGR

05/01/2008

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