

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079659

Entity Name: BHB LAND HOLDING, LLC

FILED  
Mar 27, 2008  
Secretary of State

**Current Principal Place of Business:**

1141 S.E. 8TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1141 S.E. 8TH STREET  
OCALA, FL 34471 US

**New Mailing Address:**

FEI Number: 26-0648911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAWORTH, BRENDA B  
1141 S.E. 8TH STREET  
OCALA, FL 34471 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: BRENTS H. BULLOCK RE, VOCABLE TRUST  
Address: 2425 WOODLEA CIRCLE  
City-St-Zip: OCALA, FL 34471 US

Title: MGRM ( ) Delete  
Name: BRENDA B. HAWORTH RE, VOCABLE TRUST  
Address: 1141 S.E. 8TH STREET  
City-St-Zip: OCALA, FL 34471 US

Title: MGRM ( ) Delete  
Name: BULLOCK, BRENTS H JR.  
Address: 1234 S.E. 14TH STREET  
City-St-Zip: OCALA, FL 34471 US

**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 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: BRENDA HAWORTH

MGR

03/27/2008

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