## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 17, 2008 8:00 am Secretary of State

03-17-2008 90263 005 \*\*\*138.75

DOCU 1. Entity Nar BMH 1, L		1156					
Principal Plan	ce of Business	Mailing Address		c	0015296		
3525 W. LAKE MARY BLVD.		3525 W. LAKE MARY BLVD.		U	0010200		
SUITE 306		SUITE 306			المحاج والمحاج والمراجع		
LAKE MARY,	, FL 32746	LAKE MARY, FL 32746	6	1169110111	n sami isan sakil asili dali	it wates inite latel stoor will a	25 <b>4.3</b> 1     2 <b>4.6</b> 1
2. Principal i	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032008	Chg-LLC	CR2E083 (12/06)	
City & Sta	te	City & State		4. FEI Num!	oer 0854318	<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificat	of Status Desired	S5.00 Ad	
	6. Name and Address of Current	Registered Agent		7. Name an	Address of New R	egistered Agent	
	F THOMAS D		Name				
	T, THOMAS R BINSON STREET		Street Add	dress (P.O. Box Numb	er is Not Acceptable	)	
SUITE 600	0		-		<del></del> -		
ORLANDO	D, FL 32801		İ				
			City			FL Zip Cod	e
	•						
	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office or re	egistered agent, or bo	oth, in the State of Flo	rida. I am familiar with,	and accept
the obligat		the purpose of changing its r	registered office or re	egistered agent, or bo	oth, in the State of Floa	rida. I am familiar with,	and accept
			registered office or re		oth, in the State of Flo	rida. I am familiar with,	and accept
the obligate SIGNATURE FILE After May	tions of registered agent.	nd title if applicable. (NOTE:			Make		
the obligate SIGNATURE	Signature, typed or printed name of registered agent a  E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	nd title if aposcable. (NOTE:			Make	DATE  check payable to Department of Stat	
the obligation of the obligati	Signature, typed or printed name of registered agent a  E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	nd title if aposcable. (NOTE:	: Registered Agent signature :		Make Florida	DATE  check payable to Department of Stat	
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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3 407-823-931