


DOCUMENT # L95000000941

1. Entity Name
BC&H ENTERPRISES, L.L.C.



Principal Place of Business
802 ASH STREET
FERNANDINA BEACH, FL 32034

Mailing Address
802 ASH STREET
FERNANDINA BEACH, FL 32034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

4. FEI Number
59-3376760

Applied For
Not Applicable

5. Certificate of Status Desired
☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, HAL J
1890 SOUTH 14TH STREET
SUITE 120
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

CityFLZip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

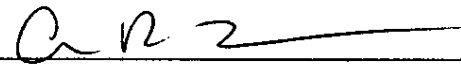
9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, HAL J 1890 SOUTH 14TH STREET AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM THOMPSON, BEEBE S 1890 SOUTH 14TH STREET AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM THOMPSON, COURTNEY R 1890 SOUTH 14TH STREET AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	95131 CAPTAINS WAY AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	95137 MACKINAW CIRCLE AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/29/04 904 321-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #