


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 22 PM 2:13

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001103
B.N.H., L.C.
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

1a. Principal Place of Business Address
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 10/16/1996 4. FEI Number 65-0702002 5. Date of Last Report 04/20/1998	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
---	---	---	--

7. Name and Address of Current Registered Agent ENGELHARD, SHELDON 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	--

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____ DATE _____
(Registered Agent and Approver: Approved: (Initials) Registered Agent, Not a Registered Agent, Not a Registered Agent)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MAIZES, ISAAC	5355 TOWN CENTER RD., STE	BOCA RATON FL
MGR	ENGELWARD, SHELDON	5355 TOWN CENTER RD., STE	BOCA RATON FL
MGR	PEDREIRA, Jose	5355 Town Center RD, Ste 801	BOCA RATON, FL

2000002857332--5
-04/29/99--0112--005
****188.75 ****188.75

11 I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Jose Pedreira 4/12/99 561-750-7601
SIGNATURE AND TITLE OF REGISTERED AGENT OR APPROVER (MANAGING MEMBER OR MANAGER) Page #