File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.  L'IMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS									_ED	<i>∠</i> , <b>47</b>	10/6	
FILING FEE   Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1 Name and Mailing Address of Limited Liability Company   DOCUMENT # L98000002818  BDH PROPERTIES, L.L.C. 1456 PERIWINKLE WAY SANIBEL FL									SECRETARY UT STATE SECRETARY UT STATE SECRETARY UT STATE TALLAHASSEE FLORIBA  1a. Principal Place of Business Address  1456 PERIWINKLE WAY SANIBEL FL			
2 Principal Place of Business 2a. Mailir					ng Address			3. Date Organized or Qualified		3a. State of Formation		
Suite, Apt #, etc. Suite, At					I il ato			11/23/1998		FL		
				City & Sta	· 	<del></del>	. <u></u> -				Applied For  Not Applicable	
Ž·ρ	Country		,	Zip Cour		Count	ГУ	B. Date of Last P	тероп		the of Status Desired	
<del>- :</del>	7. Name	and Add	fress of Current F	egistered.	Agent	<u> </u>	8.	Name and Addres	s of New Regis	lered Ager	nt/Office	
							Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code  above-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment					
	•	accept tr	ie obligations.									
SIGNATU			pointment) (N	OTE Registered Agent signature required when reinstating)				DATE				
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code				
- 1	BURNS, JOE DOUCETTE, DANIEL R TRU				1456 PERIWINKLE WAY 250 N. SUNNY SLOPE, SU				SANIBEL FL BROOKFIELD WI			
MGRM	DOUCETTE, ELIZABETH E			250 N. SUNNY SLOPE, SUITE			E, SUITE	BROOKFIELD WI				
MGRM	GRM HOCK, JAMES				19215 ALTA VISTA CIRCLE			BROOKFIELD WI				
								30		3 (1 <b>1 !</b>   5799 -   588 . 79	5513 -01024002 5 ****588.7	
11 Ido 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: SIGNITURE AND TYPETI OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayling Proper												

INUSE10 R (12-98)