

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004029

Entity Name: BHI HARBOUR ISLANDS, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3900 PEMBROKE ROAD
SUITE 200
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3900 PEMBROKE ROAD
SUITE 200
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SKRLD, INC
201 ALHAMBRA CIR. STE 1102
CORAL GABLES, FL 33134 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: BHI ISLANDWINDS HOLDINGS, LLC
Address: 3900 PEMBROKE ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: KOPETMAN, ED
Address: 3900 PEMBROKE ROAD
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BHI ISLANDWINDS HOLDINGS, LLC
Address: 3900 PEMBROKE ROAD., SUITE A
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR (X) Change () Addition
Name: KOPETMAN, ED
Address: 3900 PEMBROKE ROAD., SUITE A
City-St-Zip: HOLLYWOOD, FL 33021

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: ED KOPETMAN

MGR

05/01/2009

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