

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 15, 2008
Secretary of State**

DOCUMENT# M07000004122

Entity Name: BHI ELLINGTON DEVELOPMENT, LLC

Current Principal Place of Business:

3900 PEMBROKE RD
SUITE A
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3900 PEMBROKE RD
SUITE A
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 26-0497483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
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: MGR (X) Delete
Name: KOPETMAN, ED
Address: 3900 PEMBROKE RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: LEDERMAN, JAIME
Address: 3900 PEMBROKE RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: PEISACH, ALBERTO
Address: 3900 PEMBROKE RD
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BREAKSTONE, NOAH
Address: 3900 PEMBROKE RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PEISACH ALBERTO

MGR

05/15/2008

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