

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001335

FILED
Apr 28, 2009
Secretary of State

Entity Name: BSH I MANAGER LLC

Current Principal Place of Business:

% EOLA CAPITAL LLC
ONE INDEPENDENT DR - STE 1850
JACKSONVILLE, FL 32202

New Principal Place of Business:

ONE INDEPENDENT DR - STE 1850
JACKSONVILLE, FL 32202

Current Mailing Address:

% EOLA CAPITAL LLC
ONE INDEPENDENT DR - STE 1850
JACKSONVILLE, FL 32202

New Mailing Address:

ONE INDEPENDENT DR - STE 1850
JACKSONVILLE, FL 32202

FEI Number: 26-2193063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, WILLIAM G
% EOLA CAPITAL LLC
ONE INDEPENDENT DR - STE 1850
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

PRATT, HENRY F III
ONE INDEPENDENT DRIVE SUITE 1850
JACKSONVILLE, FL 32202 US

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: HENRY F. PRATT, III

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BSH PORTFOLIO LLC
Address: % EOLA CAPITAL LLC - 1 INDEPENDENT DR#1850
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BSH PORTFOLIO LLC
Address: ONE INDEPENDENT DRIVE SUITE 1950
City-St-Zip: JACKSONVILLE, FL 32202

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: HENRY F. PRATT, III

MGR

04/28/2009

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