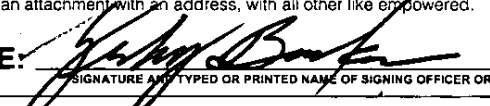


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90027 020 ****61.25

DOCUMENT # N95000004486 1. Entity Name BHSF REAL ESTATE FOUNDATION, INC.					
Principal Place of Business 8900 NORTH KENDALL DR. MIAMI, FL 33176			Mailing Address 6855 RED ROAD 5TH FLOOR CORAL GABLES, FL 33143 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0611015	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRIEDMAN, DAVID R 6855 RED ROAD CORAL GABLES, FL 33143				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CARR, JAMES		NAME		
STREET ADDRESS	9350 SUNSET DR #100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	VC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DICKINSON, WILLIAM		NAME		
STREET ADDRESS	31 OCEAN REEF DR STE A101		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BARKER, YERBY		NAME		
STREET ADDRESS	10585 SW 109 CT STE 202		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KAHN, III, S. LAWRENCE		NAME		
STREET ADDRESS	80 SW 8 ST #1870		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCHENKMAN, MD, JOEL		NAME		
STREET ADDRESS	7867 S KENDALL DR STE 100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WESTON, J. SCOTT		NAME		
STREET ADDRESS	6361 SW 87 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Yerby Barker		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/15/2008 Daytime Phone # 305-595-1025		