


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007591

1. Entity Name
 BEL AIR INVESTMENTS, L.L.C.



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|--|--|
| Principal Place of Business 4400 BAYOU BOULEVARD, STE 6B PENSACOLA, FL 32503 | Mailing Address 4400 BAYOU BOULEVARD, STE 6B PENSACOLA, FL 32503 |
|--|--|



01252005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-3361545 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R
 4300 BAYOU BLVD., SUITE 13
 PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$50.00
Due by May 1, 2005

110000204252
 01/29/05-80065-001 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM EP INVESTMENTS, INC. 4400 BAYOU BOULEVARD, STE 6B PENSACOLA, FL 32503 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GARDENER HOLDING COMPANY, INC. 4400 BAYOU BOULEVARD, STE 6B PENSACOLA, FL 32503 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WEBB, JERRY 3194 W. NINE MILE RD. PENSACOLA, FL 32514 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WEBB, BETTIE 3194 W. NINE MILE RD. PENSACOLA, FL 32514 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: *[Signature]* Date: 1/25/05 Daytime Phone #: 860-484-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE