

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90149 008 ****50.00



DOCUMENT # L02000007432

1. Entity Name
BELL AVE BUSINESS PARK, L.L.C.

Principal Place of Business: **66 S. SEWALLS POINT RD. SEWALLS POINT FL 34996**
 Mailing Address: **66 S. SEWALLS POINT RD. SEWALLS POINT FL 34996**

1202-1248 Bell Ave.

2. Principal Place of Business: **1202-1248**
 Suite, Apt. #, etc.
 3. Mailing Address: **2336 S. East Ocean Blvd # PUB 149**
 Suite, Apt. #, etc.

City & State: **FT. Pierce Fla.** Zip: **34982** Country: **USA**
 City & State: **STUART Fla.** Zip: **34996** Country: **USA**



MOORE CR2E083 (4/04)

4. FEI Number: **04-3631426**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

KOHL, N. DEAN JR ESQ
50 SE KINDRED ST., STE. 107
STUART FL 34995

7. Name and Address of New Registered Agent

Name: **Kelly F. Koenke**
 Street Address (P.O. Box Number is Not Acceptable): **2336 S East Ocean Blvd. # 149**
 City: **Stuart** FL Zip Code: **34996**

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: *Kelly F. Koenke* DATE: **8/4/04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOENKE, KELLY F		NAME		
STREET ADDRESS	66 S SEWALLS PT RD <i>66 S. Sewalls Pt Rd</i>		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
TITLE	MGRP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOENKE, KELLY E		NAME		
STREET ADDRESS	66 S SEWALLS PT RD <i>66 S. Sewalls Pt. Rd.</i>		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kelly F. Koenke* DATE: **8/4/04** DAYTIME PHONE #: **954 605 6555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #