

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007432

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

1202-1248 BELL AVE.
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2336 S. EAST OCEAN BLVD
PMB 149
STUART, FL 34996

New Mailing Address:

FEI Number: 04-3631426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENKE, KELLY F
2336 S. EAST OCEAN BLVD. #149
STUART, FL 34996 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: MGRP () Delete
Name: KOENKE, KELLY F
Address: 66 S. SWEALLS PT RD
City-St-Zip: STUART, FL 34996

Title: MGRP () Delete
Name: KOENKE, KELLY E
Address: 66 S. SEWALLS PT RD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: KOENKE, KELLY F
Address: 2336 S EAST OCEAN BLVD. #149
City-St-Zip: STUART, FL 34996

Title: MGRP (X) Change () Addition
Name: KOENKE, KELLY E
Address: 2336 S EAST OCEAN BLVD. # 149
City-St-Zip: STUART, FL 34996

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: KELLY F KOENKE

MS.

04/28/2009

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