


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-14-2004 90602 001 ***350.00

DOCUMENT # L03000008077

1. Entity Name
 9714 BLUEBELL STREET, LLC




Principal Place of Business
 11891 U.S. HIGHWAY ONE, SUITE 105
 NORTH PALM BEACH, FL 33408

Mailing Address
 11891 U.S. HIGHWAY ONE, SUITE 105
 NORTH PALM BEACH, FL 33408

2. Principal Place of Business
 11891 U.S. Hwy One
 Suite, Apt. #, etc.
 Suite 100
 City & State
 North Palm Beach, FL
 Zip
 33408
 Country
 U.S.

3. Mailing Address
 11891 U.S. Hwy One
 Suite, Apt. #, etc.
 Suite 100
 City & State
 North Palm Beach, FL
 Zip
 33408
 Country
 U.S.

34008382



04132004 Chg-LLC CR2E083 (10/03)

8. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
 11891 U.S. HIGHWAY ONE, SUITE 105
 NORTH PALM BEACH, FL 33408

4. FEI Number

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

Applied For Not Applicable

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD R		NAME		
STREET ADDRESS	11891 U.S. HIGHWAY ONE, SUITE 105		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CYNTHIA A		NAME		
STREET ADDRESS	11891 U.S. HIGHWAY ONE, SUITE 105		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		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: Donald R. Smith Donald R. Smith 4-29-04 561-622-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #