


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

04-30-2007 90065 049 ****50.00

DOCUMENT # L04000078935

1. Entity Name
IYER BELLAMAR INVESTMENTS, LLC



Principal Place of Business Mailing Address
15660 SAN CARLOS BOULEVARD. **15660 SAN CARLOS BOULEVARD.**
32 **32**
FORT MYERS, FL 33908 US **FORT MYERS, FL 33908 US**

30010837

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1430 ROYAL PALM SQ BLVD **1430 ROYAL PALM SQ BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
103 **103**



04272007 Chg-LLC CR2E083 (12/06)

City & State City & State
FORT MYERS, FL **FORT MYERS, FL**
 Zip Country Zip Country
33908 **LEE** **33908** **LEE**

4. FEI Number Applied For
86-1119043 Not Applicable

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

6. Name and Address of Current Registered Agent
BEST BOOKKEEPING & TAX SERVICE, INC.
15660 SAN CARLOS BOULEVARD
32
FORT MYERS, FL 33908

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARAMESWARAN, ARUN 15660 SAN CARLOS BLVD. #32 FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: Arun Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE