

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90021 041 ***138.75

DOCUMENT # L04000078935



1. Entity Name
IYER BELLAMAR INVESTMENTS, LLC

Principal Place of Business Mailing Address
1430 ROYAL PALM SQUARE BLVD #103 1430 ROYAL PALM SQUARE BLVD #103
FORT MYERS, FL 33908 US FORT MYERS, FL 33908 US

60038260



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		86-1119043	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$5.00 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	

04292008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEST BOOKKEEPING & TAX SERVICE, INC. 15660 SAN CARLOS BOULEVARD 32 FORT MYERS, FL 33908			Name BUDGETAK CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1430 ROYAL PALM SQUARE BLVD. SUITE 103 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 *[Signature]* **PRS.** DATE **4/29/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	PARAMESWARAN, ARUN		NAME		
STREET ADDRESS	15660 SAN CARLOS BLVD. #32		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		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 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: *[Signature]* DATE: **4/29/08** DAYTIME PHONE: **239-481-5800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE