


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90092 017 ****55.00

DOCUMENT # L01000000394 1. Entity Name MODICA & BELFORD, LLC	
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Principal Place of Business 8961 SE BRIDGE RD. HOBE SOUND, FL 33455	Mailing Address P.O. BOX 7351 DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE

03312005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1098647	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BELFORD, ANDREW 8961 SE BRIDGE RD. HOBE SOUND, FL 33455
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MODICA, CHARLES 8961 SE BRIDGE RD. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELFORD, ANDREW 8961 SE BRIDGE RD. HOBE SOUND, FL 33455
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IN THIS SPACE**

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

4-1-05

772-546-7088

Date

Daytime Phone #