

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

05-08-2006 90032 015 ****50.00

DOCUMENT # L05000106202			
1. Entity Name BELL SHOALS PARTNERS, LLC			
Principal Place of Business 631 WEST LUMSDEN ROAD BRANDON, FL 33511		Mailing Address 631 WEST LUMSDEN ROAD BRANDON, FL 33511	
2. Principal Place of Business 1438 Bloomingdale Ave		3. Mailing Address 1438 Bloomingdale Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Valrico, FL		City & State Valrico, FL	
Zip 33594 Country USA		Zip 33594 Country USA	
4. FEI Number 20-4352636		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVES, MICHAEL D 6507 NORTH FIVE ACRES ROAD PLANT CITY, FL 33565		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 registering.) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS MANAGER		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Solid Rock Financial Group, LLC 1438 Bloomingdale Ave Valrico, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: Robert McKemy		4/28/06 813-413-2407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			