

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90252 022 \*\*\*\*\*50.00

**DOCUMENT # L00000007591**

1. Entity Name

**BEL AIR INVESTMENTS, L.L.C.**



Principal Place of Business

**4400 BAYOU BOULEVARD, STE 6B  
PENSACOLA FL 32503**

Mailing Address

**4400 BAYOU BOULEVARD, STE 6B  
PENSACOLA FL 32503**

**20016519**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3361545**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORHEAD, STEPHEN R  
4300 BAYOU BLVD., SUITE 13  
PENSACOLA FL 32503**

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **EP INVESTMENTS, INC.**  
STREET ADDRESS **4400 BAYOU BOULEVARD, STE 6B**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **MGRM** ☐ Delete  
NAME **GARDENER HOLDING COMPANY, INC.**  
STREET ADDRESS **4400 BAYOU BOULEVARD, STE 6B**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **MGRM** ☐ Delete  
NAME **WEBB, JERRY**  
STREET ADDRESS **3194 W. NINE MILE RD.**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **MGRM** ☐ Delete  
NAME **WEBB, BETTIE**  
STREET ADDRESS **3194 W. NINE MILE RD.**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/10/03 850-484-2906**

CR2E083 (10/02)