

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016466					
1. Entity Name BELLEAIR HOLDINGS, LLC					
Principal Place of Business 6654 78TH AVE. N PINELLAS PARK, FL 33781			Mailing Address 6654 78TH AVE. N PINELLAS PARK, FL 33781		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-1141770				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHULER, TIMOTHY C 9075 SEMINOLE BLVD SEMINOLE, FL 33772			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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEPES, CARLOS A 6654 78TH AVE. N. PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000138624 04/29/04-80088-004 50.00	
	☐ Delete			☐ Change ☐ Addition	
	☐ Delete			☐ Change ☐ Addition	
	☐ Delete			☐ Change ☐ Addition	
	☐ Delete			☐ Change ☐ Addition	
	☐ Delete			☐ Change ☐ Addition	
	☐ Delete			☐ Change ☐ Addition	
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: _____			4/29/04 (727) 536-8686		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		