

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90149 008 ****50.00

DOCUMENT # L02000007432

1. Entity Name

BELL AVE BUSINESS PARK, L.L.C.



Principal Place of Business:

66 S. SEWALLS POINT RD.
SEWALLS POINT FL 34996

Mailing Address

66 S. SEWALLS POINT RD.
SEWALLS POINT FL 34996

1202-1248 Bell Ave.

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2336 S. East Ocean Blvd
PUB 149

City & State
FT. Pierce Fla.

City & State
Stuart Fla.

Zip
34982

Country
USA

Zip
34996

Country
USA



MOORE

CR2E083 (4/04)

4. FEI Number
04-3631426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOHL, N. DEAN JR ESQ
50 SE KINDRED ST., STE. 107
STUART FL 34995

7. Name and Address of New Registered Agent

Name Kelly F. Koenke
Street Address (P.O. Box Number is Not Acceptable)
2336 S East Ocean Blvd. #149
City Stuart FL Zip Code 34996

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 Kelly F. Koenke

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

(NOTE: Registered Agent signature required when reinstating)

8/4/04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENKE, KELLY F		NAME		
STREET ADDRESS	66 S. SEWALLS PT RD		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
TITLE	MGRP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENKE, KELLY E		NAME		
STREET ADDRESS	66 S. SEWALLS PT RD		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		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		
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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 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: Kelly F. Koenke

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

8/4/04

Date

954 605 6555

Daytime Phone #