

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90452 018 ****50.00

DOCUMENT # L02000015636					
1. Entity Name BELL CREST APARTMENTS, LLC					
Principal Place of Business 8406 MASSACHUSETTS AVENUE, SUITE A-1 NEW PORT RICHEY, FL 34653			Mailing Address 8406 MASSACHUSETTS AVENUE, SUITE A-1 NEW PORT RICHEY, FL 34653		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04072004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 51-0421026				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Barcode	
6. Name and Address of Current Registered Agent LEVALLEY, CRAIG A ESQ 8406 MASSACHUSETTS AVENUE, SUITE A-1 NEW PORT RICHEY, FL 34653			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 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 MARSHALL, ALAN S 6766 COPPERFIELD DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MANAGER PETER A NAPOLITANO 8406 MASSACHUSETTS AVE STE A1 NEW PORT RICHEY FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MANAGER CRAIG LEVALLEY 8406 MASSACHUSETTS AVE ST A1 NEW PORT RICHEY FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			X		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		