2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L02000015636

1. Entity Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

BELL CREST APARTMENTS, LLC



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90088 021 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP CIT		HUSETTS AVENUE. SUITE A-1 CHEY FL 34653		NEW PORT RICHEY FL 34653			-				
Suite, Apt. #. etc. Suite, Apt. #. etc. General Parking Changes Applied For Status Suite, Apt. #. etc. General Parking Changes Applied For New Address of Current Registered Agent Name			•					 	19 11 1 188 4 1 81 4		
City & State Country Country S. Certificate of Status Desired Status Desired Street Address of New Registered Agent T. Name and Address of New Registered Agent Name LEVALLEY, CRAIG A ESO. Registered Agent City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or profit of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of profit of the purpose agent with a state of Florida. I am familiar with, and acceptable of Florida Department of State Due by May 1, 2003 9. MANAGING MEMBERS/MANAGERS Delete MARC STREET ADDRESS CITY ST. 2P TITLE T	2. Principal F	Place of Business	3. Mailing Address				1 IRBANIAN DIKERBINE NIKIN BENIK BENIK BENIK BANAT NIKEN ANIAN BINAR BINAR BINAR BINAR BINAR BINAR BINAR BINAR				
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Some and Address of Current Registered Agent Some and Address of New Registered Agent Some and Address of New Registered Agent Some and Address (P.O. Box Number is Not Acceptable)	Zip .	Zip Country Zip			Country		ate of Status Desired \$5.00 Addition			iditional	
LEVALLEY, CRAIG A ESO. 8406 MASSACHUSETTS AVENUE, SUITE A-1 NEW PORT RICHEY FL 34653 6. The above named ontity 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, typed of printed name of registered agent and tall if applications INDITE. Registered Agent signature visualists when nametating) DATE.		6. Name and Address of Curre	ent Registered Agent	1		7. Name a	nd Address of N	ew Registered	· · · · · · · · · · · · · · · · · · ·		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable in the obligations of registered agent. SIGNATURE Signature, toped or printed name of registered agent agent and title if applicable. (NOTE Registered Agent Signature registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. FILE NOW!!! FEE Is \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SIRRET ADDRESS 017Y-ST-2P 017Y-ST-2		(ALLEY ODAIO A FOO			Name		.سيعت جيد .ي.رد			٠,	
E. 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature	840	6 MASSACHUSETTS AVENUE, S			Street Addres	ss (P.O. Box Num	ber is Not Accep	table)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tills if applicable. (NOTE Registered Agent signature required when narrassing). Pile NOW!!! FEE IS \$50.00	MEX	FOR RICHET PL 34000							1 - 0		
SIGNATURE Signature, typed or protect name of registered agent and late if applicable. (NOTE: Registered Apent signature required when reintaking) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					City			, FI		ae	
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STREET ADDRESS CITY-ST-ZIP	SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	Agent signature requ	uired when reinstating)		DATE			
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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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

☐ Delete

Date

Daytime Phone #

☐ Change

Addition