


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000029225 1. Entity Name BELLROSE ENTERPRISES, LLC |  |
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|---|---|
| Principal Place of Business 3890 MIDSHORE DRIVE NAPLES, FL 34109 US | Mailing Address 3890 MIDSHORE DRIVE NAPLES, FL 34109 US |
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03292004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 74-3071484 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent WOLLMAN, EDWARD E 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103 |
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IN THIS SPACE**

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**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM COX, GENOLA B 3890 MIDSHORE DRIVE NAPLES, FL 34109 |
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-05/04/04-80146-014 50.00

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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 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: *Genola B. Cox MGRM* *Apr. 24 - 2004* *(139) 514-2258*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
GENOLA B. COX