

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029225

FILED
Apr 30, 2008
Secretary of State

Entity Name: BELLROSE ENTERPRISES, LLC

Current Principal Place of Business:

3890 MIDSHORE DRIVE
NAPLES, FL 34109 US

New Principal Place of Business:

C/O WOLLMAN GEHRKE SOLOMON
5129 CASTELLO DRIVE - SUITE 1
NAPLES, FL 34103 US

Current Mailing Address:

3890 MIDSHORE DRIVE
NAPLES, FL 34109 US

New Mailing Address:

21301 S TAMIAMI TRAIL
STE 320 - PMB 304
ESTERO, FL 33928 US

FEI Number: 74-3071484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOTZ, MARGARET S
Address: 3875 SEVENTH AVENUE NORTHWEST
City-St-Zip: NAPLES, FL 34120

Title: MGRM () Delete
Name: CRAWFORD, NANCY S
Address: 6320 LEXINGTON COURT, #102
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOTZ, MARGARET S
Address: 21301 S. TAMIAMI TRAIL - STE 320 - PMB 304
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARGARET S LOTZ

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date