

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033919

1. Entity Name
BELCHER PROFESSIONAL COMPLEX, LLC



Principal Place of Business
5767 - 49TH STREET, NORTH
ST PETERSBURG, FL 33709

Mailing Address
P.O. BOX 1488
LARGO, FL 33779

DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
42-1567942

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RALEY, DOUGLAS
12497 SEMINOLE BLVD
LARGO, FL 33778

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000305800
04/14/05-80097-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DOUGLAS RALEY SHOPPING CTR MKTG GRP
STREET ADDRESS 12497 SEMINOLE BLVD
CITY-ST-ZIP LARGO, FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #