

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-14-2004 90602 001 ***350.00

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|---|---|--|--|--|--|
| DOCUMENT # L03000008077 1. Entity Name 9714 BLUEBELL STREET, LLC | | | | | |
| Principal Place of Business 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 | | | Mailing Address 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 | | |
| 2. Principal Place of Business <i>11891 U.S. Hwy One</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>North Palm Beach, FL</i> Zip <i>33408</i> | | 3. Mailing Address <i>11891 U.S. Hwy One</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>North Palm Beach, FL</i> Zip <i>33408</i> | | 34008382 | |
| 4. FEI Number 04132004 Chg-LLC CR2E083 (10/03) | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 SMITH, DONALD R 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, CYNTHIA A 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <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: <i>Donald R. Smith</i> Donald R. Smith 4-29-04 561-622-2700 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |