

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010396

FILED
Feb 09, 2006
Secretary of State

Entity Name: BELLWOOD HOMESITE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

8241 NW 165TH TERRACE
MIAMI LAKES, FL 33016

New Principal Place of Business:

4400 NW 21ST STREET
APT 100
LAUDERHILL, FL 33313 US

Current Mailing Address:

8241 NW 165TH TERRACE
MIAMI LAKES, FL 33016

New Mailing Address:

8241 NW 165TH TERRACE
MIAMI LAKES, FL 33016 US

FEI Number: 65-0091929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRILL, KEITH J ESQ
1320 SOUTH DIXIE HWY., STE. 731
CORAL GABLES, FL 33146 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: LOUISSAINT, ROOSEVELT
Address: 4400 NW 21 ST.
City-St-Zip: LAUDERHILL, FL 33313

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: LOUISSAINT, ROOSEVELT PD
Address: 4400 NW 21ST STREET
City-St-Zip: LAUDERHILL, FL 33313 US

Title: P.D () Change (X) Addition
Name: LOUISSAINT, ROOSEVELT P.D
Address: 8241 NW 165TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROOSEVELT LOUISSAINT

PD

02/09/2006

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