

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012724

Entity Name: BELL PAIR HAYWARD, LLC

FILED
Mar 29, 2004
Secretary of State

Current Principal Place of Business:

124-A EAST WRIGHT STREET
PENSACOLA, FL 32501

New Principal Place of Business:

223 WEST GREGORY STREET
PENSACOLA, FL 32502

Current Mailing Address:

124-A EAST WRIGHT STREET
PENSACOLA, FL 32501

New Mailing Address:

223 W GREGORY STREET
PENSACOLA, FL 32502

FEI Number: 65-1181714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITVAK, KRAMER A
220 W. GARDEN STREET, SUITE 606
PENSACOLA, FL 32501 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/MEMBERS:

Title: MGR () Delete
Name: PAIR, MATTHEW
Address: 399 CREARY STREET
City-St-Zip: PENSACOLA, FL 32507

Title: MGR () Delete
Name: HAYWARD, ASHTON
Address: 2299 SCENIC HIGHWAY, #H4
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: BELL, ALLAN
Address: 1717 E. GADSDEN STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ASHTON HAYWARD

MGR

03/29/2004

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