

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000012724

1. Entity Name

BELL PAIR HAYWARD, LLC



Principal Place of Business

223 WEST GREGORY STREET  
PENSACOLA FL 32502

Mailing Address

223 W GREGORY STREET  
PENSACOLA FL 32502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
05 FEB 22 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE

CR2E083 (10/04)

4. FEI Number 65-1181714

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME PAIR, MATTHEW  
STREET ADDRESS 399 CREAMY STREET  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME HAYWARD, ASHTON  
STREET ADDRESS 2299 SCENIC HIGHWAY, #H4  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☒ Change ☐ Addition  
NAME 1708 Osceola Blvd.  
STREET ADDRESS Pensacola, FL 32503  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BELL, ALLAN  
STREET ADDRESS 1717 E. GADSDEN STREET  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500047871285  
CITY-ST-ZIP 03/08/05--01009--005 \*\*450.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Matthew J. Pair

2/15/05

850-469-8181

Date

Daytime Phone #