


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90052 014 ****50.00

DOCUMENT # L03000020250	
1. Entity Name CURVES BELLEAIR, L.L.C.	

Principal Place of Business 1227 S MISSOURI AVE #1227 CLEARWATER, FL 33756 US	Mailing Address 1227 S MISSOURI AVE #1227 CLEARWATER, FL 33756 US
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24054387

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1169414	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GEORGE G. PAPPAS, P.A. 901 N HERCULES AVE SUITE D CLEARWATER, FL 33765	
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7. Name and Address of New Registered Agent	
Name CYNTHIA SNELL	
Street Address (P.O. Box Number is Not Acceptable) 1227 S. Missouri Ave #1227	
City CLEARWATER	FL Zip Code 33756

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 X Cynthia R Snell	DATE 4/20/04

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNELL, CYNTHIA A <input checked="" type="checkbox"/> Delete 1836 ASHLEY DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKEY, TAMMY <input checked="" type="checkbox"/> Delete 1836 ASHLEY DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNELL, CYNTHIA <input type="checkbox"/> Change <input type="checkbox"/> Addition 1227 S. Missouri Ave #1227 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKEY, TAMMY <input type="checkbox"/> Change <input type="checkbox"/> Addition 1227 S. Missouri Ave #1227 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: X Cynthia R Snell	DATE 4/20/04 TIME 727 442 0477

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

Date

Daytime Phone #