2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020533

1. Entity Name
BELL, MATTHEWS, WUERFFEL PASSING ACADEMY, LLC

Principal Place of Business
4300 BAYOU BLVD., STE. 13
PENSACOLA, FL 32503

Mailing Address
3527 SW 92ND ST
GAINESVILLE, FL 32608

04222005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1695629 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

MOOREHEAD, STEPHEN R
4300 BAYOU BLVD., STE. 13
PENSACOLA, FL 32850-3

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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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BELL, KERWIN
STREET ADDRESS	ROUTE 4 BOX 121
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	MGRM
NAME	MATTHEWS, SHANE
STREET ADDRESS	3527 SW 92ND ST.
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	WUERFFEL, DANNY
STREET ADDRESS	6725 ARGONNE BLVD.
CITY-ST-ZIP	NEW ORLEANS, LA 70124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80087-016 50.00

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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: S Matthews Apr 28, 2005 352 316 130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #