


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L03000049891<br>1. Entity Name<br>BEL AIR DESIGN LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>4140 CINDY RD<br>LAKELAND, FL 33810 | Mailing Address<br>P.O. BOX 3066<br>LAKELAND, FL 33802 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01192005No Chg-LLC

CR2E083 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>26-2745862  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>TANNER, MALCOLM LEE<br>4140 CINDY RD<br>LAKELAND, FL 33810 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TANNER, MALCOLM LEE<br>4140 CINDY RD<br>LAKELAND, FL 33810 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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01/26/05-80016-015 55.00

**DO NOT WRITE  
IN THIS SPACE**

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 MALCOLM LEE TANNER MALCOLM LEE TANNER 1-20-05 816-2757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #