## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # L03000052133 JOSÉPH A. BELLE-ISLE LLC Principal Place of Business Mailing Address 3490 SPRING HILL RD. 3490 SPRING HILL RD. FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 03082005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0122741 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELLE-ISLE, JOSEPH A DO NOT WRITE 3490 SPRING HILL RD. FERNANDINA BEACH, FL 32034 IN THIS SPACE 3. 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 renstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE BELLE-ISLE, JOSEPH A NAME STREET ADDRESS 3490 SPRING HILL RD. CHY-Si-ZP FERNANDINA BEACH, FL 32034 100000264451 03/16/05-80015-021 50.00 TITLE STREET ADDRESS CITY-ST-ZIP Hit NAME STREET ADDRESS DO NOT WRITE CUTY-ST-ZIP IN THIS SPACE Traff STREET ADDRESS CHY-ST-ZIP HTLE NAME STREET ADDRESS City-St-ZIP THE

11. Thereby 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 inclicated 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:

NAME STREET ADDRESS CHY-SI-ZP

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