


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90151 025 \*\*\*\*50.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L04000015304</b>                       |  |  |
| 1. Entity Name<br><b>BELFATTO &amp; WHITTEN, LLC</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>541 NW WAVERLY CIRCLE<br/>PORT ST. LUCIE FL 34983</b> | Mailing Address<br><b>541 NW WAVERLY CIRCLE<br/>PORT ST. LUCIE FL 34983</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>541 N.W. WAVERLY CIR</b> | 3. Mailing Address<br><b>541 N.W. WAVERLY CIR</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                               |

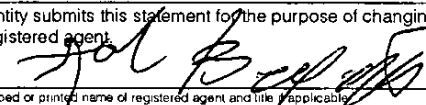
|  |   |
|--|---|
| City & State<br><b>PORT ST. LUCIE, FL.</b> | City & State<br><b>PORT ST. LUCIE FL.</b> |
| Zip<br><b>34983</b>                        | Zip<br><b>34983</b>                       |
| Country<br><b>USA</b>                      | Country<br><b>USA</b>                     |



1st MOORE CR2E083 (10/04)

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>BELFATTO, JOHN<br/>541 NW WAVERLY CIRCLE<br/>PORT ST. LUCIE FL 34983</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|--|--|---|--|

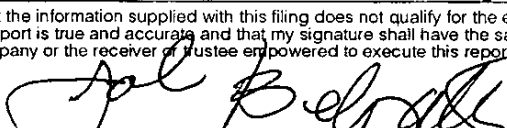
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b> |  |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BELFATTO, JOHN<br>541 NW WAVERLY CIRCLE<br>PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CAREY, GEORGE<br>1504 NE ORILE DR.<br>STUART FL 34994 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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