


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90137 007 ****55.00

DOCUMENT # L04000015304 1. Entity Name BELFATTO & WHITTEN, LLC	
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Principal Place of Business 2261 S.E. MERRILL ROAD PORT ST. LUCIE, FL 34952	Mailing Address 2261 S.E. MERRILL ROAD PORT ST. LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE

	
07032006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BELFATTO, JOHN 541 NW WAVERLY CIRCLE PORT ST. LUCIE, FL 34983 2261 S.E. MERRILL RD PORT ST. LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELFATTO, JOHN 541 NW WAVERLY CIRCLE PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAREY, GEORGE 1504 NE ORILE DR. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	7/3/06	772-335-0318
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>