

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028620

1. Entity Name
GOLD BELL PROPERTIES, L.L.C.



FILED

07 APR 27 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308

Mailing Address
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BK

City & State

City & State

Zip

Country

Zip

Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1002686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, STUART E
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOLDBERG, STUART E
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600101631566
05/07/07--01005--025 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAMPBELL, JAMES I IV
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

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

4/27/07

Date

Daytime Phone #