


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90321 008 ****50.00

DOCUMENT # L04000030678					
1. Entity Name BELLVIEW DEVELOPMENT LLC					
Principal Place of Business 4041 NW 37TH PLACE, SUITE B GAINESVILLE, FL 32606			Mailing Address 4041 NW 37TH PLACE, SUITE B GAINESVILLE, FL 32606		
2. Principal Place of Business 15260 NW 147 Dr Suite, Apt. #, etc. Suite 100 City & State Alachua, FL Zip 32615 Country USA		3. Mailing Address 15260 NW 147 Dr Suite, Apt. #, etc. Suite 100 City & State Alachua, FL Zip 32615 Country USA			
05032005 Chg-LLC CR2E083 (10/03)				4. FEI Number 421622713	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAIER, FRANK P 4041 NW 37TH PLACE, SUITE B GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name McCauley, James W Street Address (P.O. Box Number is Not Acceptable) 15260 NW 147 Drive Suite 100 City Alachua FL Zip Code 32615		
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 <u>James McCauley</u> DATE <u>6/9/05</u> <small>(Signature, typed or printed name of registered agent and fee 4 applicable) (NOTE: Registered Agent signature required when re/instating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIER, FRANK P 4041 NW 37TH PLACE, SUITE B GAINESVILLE, FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner James McCauley 15260 NW 147 Drive Suite 100 Alachua, FL 32615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u>McCauley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>6/9/05</u> Daytime Phone #		