## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000032979

Entity Name: BELLEAIR LIFESTYLE LLC

FILED Mar 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1115 PONCE DE LEON BLVD. BELLEAIR, FL 33756

Current Mailing Address: New Mailing Address:

1115 PONCE DE LEON BLVD. BELLEAIR, FL 33756

FEI Number: 56-2457083 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

 Title:
 MGR () Delete
 Title:
 MGR (X) Change () Addition

 Name:
 KNEWITZ, JON D
 Name:
 SCHNEIDER, ALFRED

 Address:
 1115 PONCE DE LEON BLVD.
 Address:
 35246 US HWY. 19 N #309

 City-St-Zip:
 BELLEAIR, FL 33756
 City-St-Zip:
 PALM HARBOR, FL 34684

Title: MGR ( ) Delete Title: MBR (X) Change ( ) Addition Name: SCHNEIDER, ALFRED Name: SCHNEIDER, EVA MARIA

 Address:
 1115 PONCE DE LEON BLVD.
 Address:
 35246 US HWY. 19 N #309

 City-St-Zip:
 BELLEAIR, FL 33756
 City-St-Zip:
 PALM HARBOR, FL 34684

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHNEIDER, EVA MARIA
 Name:

 Address:
 1115 PONCE DE LEON BLVD.
 Address:

 City-St-Zip:
 BELLEAIR, FL 33756
 City-St-Zip:

 $\label{eq:time_state} {\sf Title:} \qquad \qquad {\sf ST} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad \qquad {\sf (\ ) \ Change \ (\ ) \ Addition}$ 

 Name:
 KNEWITZ, ELSA
 Name:

 Address:
 1115 PONCE DE LEON BLVD.
 Address:

 City-St-Zip:
 BELLEAIR, FL 33756
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALFRED SCHNEIDER MGR 03/27/2006