

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90125 029 \*\*\*143.75

<b>DOCUMENT # L04000037252</b>					
1. Entity Name BELLHOWEL REAL ESTATE HOLDINGS, LLC					
Principal Place of Business 3530 KRAFT RD STE 300 NAPLES, FL 34105 US			Mailing Address 3530 KRAFT RD STE 300 NAPLES, FL 34105 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1133718	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEZESHKAN, FRED 3520 KRAFT RD NAPLES, FL 34105			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<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 \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEHAYEK, RAYMOND		NAME		
STREET ADDRESS	3530 KRAFT RD STE 300		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACIVOR, THOMAS		NAME	MACIVOR, Thomas	
STREET ADDRESS	3530 KRAFT RD STE 300		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Thomas A. Macivor</i>			Date: <i>3/31/08</i>		Daytime Phone #: <i>(89) 434-0600</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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