

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037252

FILED
Mar 11, 2009
Secretary of State

Entity Name: BELLHOWEL REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

3530 KRAFT RD STE 300
NAPLES, FL 34105 US

New Principal Place of Business:

3530 KRAFT RD STE 204
NAPLES, FL 34105 US

Current Mailing Address:

3530 KRAFT RD STE 300
NAPLES, FL 34105 US

New Mailing Address:

3530 KRAFT RD STE 204
NAPLES, FL 34105 US

FEI Number: 20-1133718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEZESHKAN, FRED
3520 KRAFT RD
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

PEZESHKAN, FRED
3530 KRAFT RD
SUITE 204
NAPLES, FL 34105 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:

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEHAYEK, RAYMOND
Address: 3530 KRAFT RD STE 300
City-St-Zip: NAPLES, FL 34105

Title: V () Delete
Name: MACIVOR, THOMAS
Address: 3530 KRAFT RD STE 300
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEHAYEK, RAYMOND
Address: 3530 KRAFT RD STE 204
City-St-Zip: NAPLES, FL 34105

Title: MGR (X) Change () Addition
Name: MACIVOR, THOMAS
Address: 3530 KRAFT RD STE 204
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS A MACIVOR

MGR

03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date