


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000054877</b> 1. Entity Name BELLEAIR VILLAGE CONDOMINIUMS, LLC	
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Principal Place of Business 813 NORTSHORE DRIVE, SUTIE 201 KNOXVILLE, TN 37919	Mailing Address 813 NORTSHORE DRIVE, SUTIE 201 KNOXVILLE, TN 37919
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05012006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1410887	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LIGHTSEY, ALTON 2105 PARK AVENUE NORTH WINTER PARK, FL 32789
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**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, JOSEPH W 2111 COVE VIEW WAY KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLINGHAM, RICHARD B 2975 PACES LAKE CT ATLANTA, GA 30339
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05/19/06-80068-016 50.00

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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:** Joseph W. Reed Joseph W. Reed 5/1/06 865-584-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #