2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000055349

1. Entity Name
BELLASOL CONDOS, LLC

Principal Place of Business	Mailing Address
505 EAST JACKSON STREET, STE. 202 TAMPA, FL 33602	505 EAST JACKSON STREET, STE. 202 TAMPA, FL 33602

20045248

04212005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number
20-1413494

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
SPARKMAN, STEVEN L 212 NORTH COLLINS STREET, SUITE 1 PLANT CITY, FL 33563	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL 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 _____

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, 2005**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS	**10.**	ADDITIONS / CHANGES
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EKLO, MARK D	NAME	
STREET ADDRESS	3360 BAVARIA ROAD	STREET ADDRESS	
CITY-ST-ZIP	CHASKA, MN 55318	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBERTS, RICHARD A	NAME	
STREET ADDRESS	505 EAST JACKSON STREET, STE. 202	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: _____ 4/21/05   952-929-8377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #