

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90240 036 ****50.00

20024149



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000063253					
1. Entity Name BELLE MEAD, LLC					
Principal Place of Business 5692 STRAND BLVD., #3 NAPLES FL 34110			Mailing Address 5692 STRAND BLVD., #3 NAPLES FL 34110		
2. Principal Place of Business 5659 STRAND COURT		3. Mailing Address 5659 STRAND COURT			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101			
City & State NAPLES, FL		City & State NAPLES FL		4. FEI Number 20-1537973	
Zip 34110		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 NORTH TAMiami TRAIL, SUITE 330 NAPLES FL 34103			7. Name and Address of New Registered Agent / Name JACKIE LARSON Street Address (P.O. Box Number is Not Acceptable) 5659 STRAND COURT SUITE 101 City NAPLES FL Zip Code 34110		
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 JACKIE LARSON <i>Jackie Larson</i> 1/28/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDY, ROBERT PAUL 5692 STRAND BLVD., #3 5659 STRAND COURT #101 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/28/05 239 593 3883