


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90132 037 \*\*\*138.75

<b>DOCUMENT # L04000065790</b>	
1. Entity Name <b>BELLEAIR LANDING, LLC</b>	

Principal Place of Business <b>1465 S FORT HARRISON AVE 103 CLEARWATER FL 33756</b>	Mailing Address <b>1465 S FORT HARRISON AVE 103 CLEARWATER FL 33756</b>
--	--



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

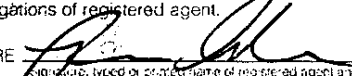
1st MOORE CR2E083 (10/07)

4. FEI Number <b>01-0820751</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

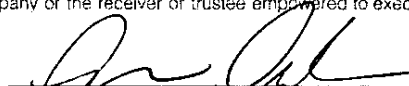
6. Name and Address of Current Registered Agent  <b>KNAPMEYER, JAN 1465 S FORT HARRISON AVE 103 CLEARWATER FL 33756</b>	
---	--

7. Name and Address of New Registered Agent Name <b>BRIAN ANDRUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1465 S FT HARRISON AVE</b> <b>#103</b> City <b>CLEARWATER</b> FL Zip Code <b>33756</b>	
---	--

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 	DATE <b>Feb 1-08</b>

<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>	
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KNAPMEYER, JAN 1603 RACHEL CT. CLEARWATER FL 33756</b> <input checked="" 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	<b>MGR ERIKSEN, ROCHELLE 500 N OSCEOLA AVE, #608 CLEARWATER FL 33755</b> <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	<b>MGR ANDRUS, BRIAN 1465 S. FT. HARRISON, SUITE 103 CLEARWATER FL 33756</b> <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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE <b>Feb 1-08</b> 727-443-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	