

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076737

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** BELL CONSTRUCTION & DEVELOPMENT, LLC

**Current Principal Place of Business:**

906 SW SAINT LUCIE WEST BLVD.  
SUITE 194  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

906 SW SAINT LUCIE WEST BLVD.  
SUITE 194  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERMAN, BRUCE  
1401 E. BROWARD BLVD.  
SUITE 206  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

MICHAEL, LEVINE  
6102 NW GAUSE AVENUE  
PORT SAINT LUCIE, FL 34986 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: MICHAEL LEVINE

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LEVIN, MICHAEL R  
Address: 906 SW SAINT LUCIE WEST BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEVINE, MICHAEL R  
Address: 906 SW SAINT LUCIE WEST BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL LEVINE

MGRM

04/30/2005

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