

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079020

FILED
Mar 22, 2005
Secretary of State

Entity Name: BELLEAIR FINANCIAL TRUST, LLC

Current Principal Place of Business:

2206 CLUBSIDE DRIVE
LONGWOOD, FL 327796223

New Principal Place of Business:

Current Mailing Address:

2206 CLUBSIDE DRIVE
LONGWOOD, FL 327796223

New Mailing Address:

FEI Number: 55-0887139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUSTIN, GARY
2206 CLUBSIDE DRIVE
LONGWOOD, FL 327796223 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LLES, MALLORY
Address: 913 BRANTLEY DRIVE
City-St-Zip: LONGWOOD, FL 327793521

Title: MGRM () Delete
Name: MARTINSON, JOE
Address: 160 IBIS RD
City-St-Zip: LONGWOOD, FL 327792803

Title: MGRM () Delete
Name: AUSTIN, GARY
Address: 2206 CLUBSIDE DRIVE
City-St-Zip: LONGWOOD, FL 327796223

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ILES, MALLORY
Address: 913 BRANTLEY DRIVE
City-St-Zip: LONGWOOD, FL 327793521

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY AUSTIN

MGRM

03/22/2005

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