

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079020

FILED
Apr 26, 2009
Secretary of State

Entity Name: BELLEAIR FINANCIAL TRUST, LLC

Current Principal Place of Business:

615 SPICE TRADER WAY
#615B
ORLANDO, FL 32818 US

New Principal Place of Business:

913 BRANTLEY DRIVE
LONGWOOD, FL 32779 US

Current Mailing Address:

P.O. BOX 917429
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 55-0887139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, GARY
615 SPICE TRADER WAY
#615B
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

AUSTIN, GARY
913 BRANTLEY DRIVE
LONGWOOD, FL 32779 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: _____

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINSON, JOE
Address: PO BOX 8464
City-St-Zip: MADEIRA BEACH, FL 33738 US

Title: MGRM () Delete
Name: AUSTIN, GARY
Address: P.O. BOX 917429
City-St-Zip: LONGWOOD, FL 327917429 US

Title: MGRM () Delete
Name: ILES, MALLORY
Address: 913 BRANTLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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

04/26/2009

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