

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079335

FILED
Apr 23, 2009
Secretary of State

Entity Name: BETHEL ROAD ASSOCIATES L.L.C.

Current Principal Place of Business:

3153 NORTH OCEAN SHORE
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

PO BOX 780
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 41-2157340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, JAMES N
3153 NORTH OCEAN SHORE
FLAGLER BEACH, FL 32136 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/MANAGERS:

Title: MGRM () Delete
Name: GORDON, JAMES N
Address: 248 THREE ISLANDS BLVD. #303
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: SIMPSON, JOHN T
Address: PO BOX 1083
City-St-Zip: ARDEN, NC 28704

Title: MGRM () Delete
Name: MCDOWELL, GUY ROBERT
Address: 6 OAKWOOD AVE.
City-St-Zip: TAYLORS, SC 29687

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: JOHN SIMPSON

MGRM

04/23/2009

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