2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083033

1. Entity Name
BELLEAIRE PRESS, LLC

Principal Place of Business	Mailing Address
5129 NW 57TH STREET GAINESVILLE, FL 32653 US	5129 NW 57TH STREET GAINESVILLE, FL 32653 US

DO NOT WRITE IN THIS SPACE

07102006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONNORS, TRACY D
5129 NW 57TH STREET
GAINESVILLE, FL 32653

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 6, 2006

U000005609833
07/13/06-80005-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CONNORS, TRACY D
STREET ADDRESS	5129 NW 57TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

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SIGNATURE: _____   7/6/06   377-1870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #