2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091317

Entity Name: BELL FAMILY HOMES, LLC

1020 SOUTH FERDON BVD.

CRESTVIEW, FL 32536

Address:

City-St-Zip:

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1578 6590 BILL LUNDY RD. CRESTVIEW, FL 32536 LAUREL HILL, FL 32567 **Current Mailing Address: New Mailing Address:** 1020 SOUTH FERDONB BLVD P.O. BOX 1578 CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 FEI Number: 20-2155262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELTON & WILLIAMSON, LLC 1020 FERDON BLVD., SOUTH CRESTVIEW, FL 32536 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BELL, CHRISTOPHER S Name: Name: Address: 6590 BILL LUNDY RD. Address: City-St-Zip: LAUREL HILL, FL 32567 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BELL, RONDA Name: Address: 6590 BILL LUNDY RD. Address: City-St-Zip: LAUREL HILL, FL 32567 City-St-Zip: Title: () Delete Title: () Change () Addition WELTON & WILLIAMSON, Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MARK WELTON CC 01/30/2007