

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091317

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: BELL FAMILY HOMES, LLC

**Current Principal Place of Business:**

6590 BILL LUNDY RD.  
LAUREL HILL, FL 32567

**New Principal Place of Business:**

**Current Mailing Address:**

1020 SOUTH FERDONB BLVD  
CRESTVIEW, FL 32536

**New Mailing Address:**

FEI Number: 20-2155262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELTON & WILLIAMSON, LLC  
1020 FERDON BLVD., SOUTH  
CRESTVIEW, FL 32536 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: BELL, CHRISTOPHER S  
Address: 6590 BILL LUNDY RD.  
City-St-Zip: LAUREL HILL, FL 32567

Title: MGRM ( ) Delete  
Name: BELL, RONDA  
Address: 6590 BILL LUNDY RD.  
City-St-Zip: LAUREL HILL, FL 32567

Title: CC ( ) Delete  
Name: WELTON & WILLIAMSON,  
Address: 1020 SOUTH FERDON BVD.  
City-St-Zip: CRESTVIEW, FL 32536

**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: MARK WELTON

CC

02/07/2008

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