

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000005813

FILED
Jul 31, 2006
Secretary of State**Entity Name:** BEL-AIR EQUITIES, LLC**Current Principal Place of Business:**4367 NORTH FEDERAL HIGHWAY, SUITE 101
FORT LAUDERDALE, FL 33308**New Principal Place of Business:**1351 W. TERRA MAR DRIVE
POMPANO BEACH, FL 33062 US**Current Mailing Address:**4367 NORTH FEDERAL HIGHWAY, SUITE 101
FORT LAUDERDALE, FL 33308**New Mailing Address:**1351 W. TERRA MAR DRIVE
POMPANO BEACH, FL 33062 US**FEI Number:** 20-2221142**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AURELIUS, JOHN E
4367 NORTH FEDERAL HIGHWAY, SUITE 101
FORT LAUDERDALE, FL 33308 US**Name and Address of New Registered Agent:**BOWER, TANYA L ESQ.
TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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: TANYA L. BOWER, ESQ.

07/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: DOWLING, JESSE THOMAS TRUSTEE
Address: 2389 BOSTON STREET
City-St-Zip: BALTIMORE, MD 21224**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JESSE THOMAS DOWLING, TRUSTEE

MGRM

07/31/2006

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