

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

7 Jul 31, 2006 8:00 am
Secretary of State

07-14-2006 90092 040 ****50.00

DOCUMENT # L05000019971					
1. Entity Name BELLAMY INVESTMENTS IV, LLC					
Principal Place of Business 915 HAMILTON AVE. LIVE OAK, FL 32060			Mailing Address P.O. BOX 969 LIVE OAK, FL 32064		
2. Principal Place of Business 9483 SR 49		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Live Oak		City & State		4. FEI Number 51-0551407	
Zip 32060		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, CAROL B 915 HAMILTON AVE. LIVE OAK, FL 32060		7. Name and Address of New Registered Agent Name: Carol B. Martin Street Address (P.O. Box Number is Not Acceptable): 9483 SR 49 City: Live Oak FL Zip Code: 32060			
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Carol B. Martin 9483 SR 49 Live Oak, FL 32060 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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.					
SIGNATURE: <u>Carol B. Martin</u> Carol B. martin 7-11-06 (386)330-2513					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					