

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-14-2006 90092 037 ****50.00

DOCUMENT # L05000019974			
1. Entity Name BELLAMY INVESTMENTS II, 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Live Oak FL		City & State	
Zip 32060	Country	Zip	Country
4. FEI Number 51-0551268		Applied For ☐ Not Applicable	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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		Date Daytime Phone #	