2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 31, 2006 8:00 am
Secretary of State

07-14-2006 90092 038 ****50.00

07062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000019975

1. Entity Name
BELLAMY INVESTMENTS I, LLC

Principal Place of Business	Mailing Address
915 HAMILTON AVE. LIVE OAK, FL 32060	P.O. BOX 969 LIVE OAK, FL 32064

2. Principal Place of Business		3. Mailing Address	
9483 SR 49			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Live Oak FL		City & State	
Zip: 32060	Country	Zip	Country

4. FEI Number: 51-0551599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, CAROL B 915 HAMILTON AVE. LIVE OAK, FL 32060	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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: Carol B. Martin 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 #