



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000041304 1. Entity Name BEL AIR ESTATES, LLC	
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Principal Place of Business 5934 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652	Mailing Address 5934 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE

	
04262008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NEWCOMER, CHARLES H 5934 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652
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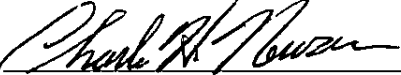
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR NEWCOMER, CHARLES H 5934 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652
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U000000936475 05/27/08-80012-015 138.75
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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:  <i>mg 4410-</i> 4/25/08 727-847-5433	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>