


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90038 039 \*\*\*\*50.00

<b>DOCUMENT # L05000043398</b> 1. Entity Name <b>BELLECHASE REALTY, LLC</b>					
Principal Place of Business <b>1700 S.E. 17TH STREET 300 OCALA, FL 34471</b>			Mailing Address <b>1700 S.E. 17TH STREET 300 OCALA, FL 34471</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2824625</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>YOUNG, LARRY E 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471</b>			<b>7. Name and Address of New Registered Agent</b> Name <u>Young, Larry E.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1720 SE 16th Ave.</u> <u>Bldg. 200</u> City <u>Ocala</u> <b>FL</b> Zip Code <u>34471</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-13-07</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, LARRY E 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Young, Larry E. 1720 SE 16th Ave. Bldg. 200 Ocala, FL. 34471
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Boyd, Roy T. III 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Boyd, Roy T. III 1720 SE 16th Ave. Bldg. 200 Ocala, FL 34471	<input type="checkbox"/> Delete	
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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>[Signature]</u> DATE <u>4-13-07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					