

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106202

FILED  
Jun 27, 2009  
Secretary of State

Entity Name: BELL SHOALS PARTNERS, LLC

**Current Principal Place of Business:**

1438 BLOOMINGDALE AVE  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

1438 BLOOMINGDALE AVE  
VALRICO, FL 33594

**New Mailing Address:**

2401 HWY 70 SW  
HICKORY, NC 28602

FEI Number: 20-4352636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHRISTOHER, NORMAN H  
315 S HYDE PARK AVE  
TAMPA, FL 33606      US

**Name and Address of New Registered Agent:**

CONVERGENT MANGEMENT GROUP, LLC  
226 BECKY COURT  
MERRITT ISLAND, FL 32592      US

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.

SIGNATURE: KATHY CREGAN

06/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NORTHWEST CONSULTING GROUP, L.L.C.  
Address: 2401 US HWY 70 SW  
City-St-Zip: HICKORY, NC 28602

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: CONVERGENT MANGEMENT GROUP, LLC  
Address: 226 BECKY COURT  
City-St-Zip: MERRITT ISLAND, FL 32592

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHY CREGAN

MGR

06/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date