2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/17/2006-90042-018-$50.00-$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 21 AM 8:20

DOCUMENT #L05000110936

1. Entity Name
BELLEAIR HARBOR II, LLC

07122006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
~~802 2ND STREET NORTH, SUITE A~~ ~~SAFETY HARBOR, FL 34695~~	~~802 2ND STREET NORTH, SUITE A~~ ~~SAFETY HARBOR, FL 34695~~

2. Principal Place of Business		3. Mailing Address	
~~P.O. Box 514~~ 114 Turner		P.O. Box 514	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLEARWATER, FL ~~Indian Rocks Beach, FL~~		City & State: Indian Rocks Beach, FL	
Zip: 33756 ~~33785~~	Country: USA	Zip: 33785	Country: USA

4. FEI Number: 20380 2148 ☐ 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
~~SHEFMAN, MARCA~~ ~~802 2ND STREET NORTH, SUITE A~~ ~~SAFETY HARBOR, FL 34695~~	Name: Bryan J Stanley Street Address (P.O. Box Number is Not Acceptable): 114 Turner City: Clearwater, FL FL Zip Code: 33756

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]
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	MGRM ~~REAL ESTATE EXCHANGE SERVICES, INC.~~ ~~802 2ND STREET NORTH, SUITE A~~ ~~SAFETY HARBOR, FL 34695~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Bruce Davidson ~~P.O. Box 514~~ 114 Turner ~~Indian Rocks Beach, FL 33785~~ Clearwater FL 33756 ☑ Change ☐ Addition
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
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
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: [signature] 7/12/06 727-461-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #