


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90135 044 \*\*\*138.75

<b>DOCUMENT # L05000121029</b>					
<b>1. Entity Name</b> SIMONE BELLY DANCING, LLC					
<b>Principal Place of Business</b> 7037-3 PHILIPS HIGHWAY JACKSONVILLE, FL 32216			<b>Mailing Address</b> 7037-3 PHILIPS HIGHWAY JACKSONVILLE, FL 32216		
<b>2. Principal Place of Business - No P.O. Box #</b> 4146 Ruby Dr. W.		<b>3. Mailing Address</b> 4146 Ruby Dr. W.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL		<b>4. FEI Number</b> 20-3974942	
<b>Zip</b> 32246		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LINDELL-FARSON PINCKET & DAVIS P.A. 12276 SAN JOSE BLVD #126 JACKSONVILLE, FL 32223			<b>7. Name and Address of New Registered Agent</b> Name: Lindell & Farson, PA. Street Address (P.O. Box Number is Not Acceptable): 12276 SAN JOSE BLVD, #126 City: Jacksonville FL Zip Code: 32223		
<b>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.</b> SIGNATURE: <u>[Signature]</u> for the firm DATE: 2/6/08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ALSAFEER, SIMON <input type="checkbox"/> Delete 7037-3 PHILIPS HIGHWAY JACKSONVILLE, FL 32216		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR/MBR</b> <del>Simon</del> ALSAFEER, Simon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4146 Ruby Dr. W. JACKSONVILLE, FL 32246	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Simon Alsafer</u>			Simon ALSAFEER 02/06/08 (904)880-4000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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02062008 Chg-LLC CR2E083 (12/06)