

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/11

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

01-11-2008 90079 011 ***138.75

DOCUMENT # L06000012324					
1. Entity Name BELCHER PLACE, LLC					
Principal Place of Business 2454 MCMULLEN BOOTH ROAD, SUITE 605 CLEARWATER, FL 33759			Mailing Address 2454 MCMULLEN BOOTH ROAD, SUITE 605 CLEARWATER, FL 33759		
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 APPLIED FOR NA					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CARVER, CHARLES H 101 EAST KENNEDY BOULEVARD, SUITE 4100 TAMPA, FL 33602-5152			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ZBELLA, EDWARD A 2454 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			Date 1/9/08 Daytime Phone # 727 796 7705		

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01072008 Chg-LLC CR2E083 (12/06)

ATTACHMENT

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From: Charles Carver <ccarver@mccarv.com>
Subject: **Bay Arbor Place**
Date: July 5, 2006 12:06:45 PM EDT
To: edwardz@tampabay.rr.com

Dr. Zbella,

Bay Arbor Place, LLC, is what we refer to as a "disregarded entity" for tax purposes. This means that Bay Arbor Place, LLC does not have a separate Tax ID number (EIN). Instead, all tax matters are passed through to Pantera and reported under Pantera's Tax ID number (which is 20-2035446). If you are asking for this info for the Secretary of State annual report form, please check the "N/A" box where you are asked about Bay Arbor Place, LLC's Tax ID (EIN).

If you have any questions, please do not hesitate to call or e-mail me.

--CHC

Please note

Charles H. Carver
McNamara & Carver, P.A.
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Tampa, Florida 33629
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813-837-1532 fax
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