2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000062368

1. Entity Name
BELLERIVE HOLDINGS, LLC

Principal Place of Business	Mailing Address
POST OFFICE BOX 2294 LAKELAND, FL 33806	POST OFFICE BOX 2294 LAKELAND, FL 33806

DO NOT WRITE IN THIS SPACE

01172008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5081949

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MADDEN, ROBERT L
6810 NEW TAMPA HIGHWAY STE 100
LAKELAND, FL 33815

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000906532
05/05/08-80002-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MADDEN, ROBERT L
STREET ADDRESS	POST OFFICE BOX 2294
CITY-ST-ZIP	LAKELAND, FL 33806
TITLE	MGR
NAME	MADDEN, GREGORY A
STREET ADDRESS	POST OFFICE BOX 2294
CITY-ST-ZIP	LAKELAND, FL 33806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert L. Madden ROBERT L. MADDEN 4/15/08 863-248-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #