

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113819

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** BELLEAIR BOYZ MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

333 4TH AVENUE NORTH  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

15500 ROOSEVELT BLVD, SUITE 101  
CLEARWATER, FL 33760

**Current Mailing Address:**

333 4TH AVENUE NORTH  
ST PETERSBURG, FL 33701

**New Mailing Address:**

15500 ROOSEVELT BLVD, SUITE 101  
CLEARWATER, FL 33760

FEI Number: 20-8396376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 US

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

MCGUIRE, BRYAN G CFO  
15500 ROOSEVELT BLVD  
101  
CLEARWATER, FL 33760 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: BRYAN MCGUIRE

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOLE, MICHAEL  
Address: 333 4TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NOLE, MICHAEL  
Address: 15500 ROOSEVELT BLVD, SUITE 101  
City-St-Zip: CLEARWATER, FL 33760

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: MICHAEL NOLE

MGRM

04/28/2008

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