FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90054 001 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000023543

1. Entity Name
WILLNER BELLEAIR INVESTMENT LLC

60042345

Principal Place of Business	Mailing Address
500 W MADISON SUITE 3150 CHICAGO, IL 60661	500 W MADISON SUITE 3150 CHICAGO, IL 60661

05022008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
50 Coe Rd.,		1928 Rimcrest Ave.	
Suite, Apt. #, etc.: Suite 226		Suite, Apt. #, etc.	
City & State: Belleair, FL		City & State: Glendale, CA	
Zip: 33756	Country: USA	Zip: 91207	Country: USA

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IMBIOR, DANIEL
1722 SOUTH MISSOURI
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name: Brian Andrus
Street Address (P.O. Box Number is Not Acceptable): 1465 S. Fort Harrison
Suite 103
City: Clearwater 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: Brian Andrus [signature] 5-5-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EDWARDS, MARTIN S 500 W. MADISON, SUITE 3150 CHICAGO, IL 60661	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Neil Willner 50 Coe Rd., #226 Belleair, FL 33756	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Eve Willner 50 Coe Rd., #226 Belleair, FL 33756	☐ Change XX 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: Eve Willner 5/12/08 (818) 500-9418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #