


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000226

1. Entity Name
 ESTATE OF JEAN E. BELT, L.C.



Principal Place of Business 5004 WEST LINEBAUGH AVE. SUITE C TAMPA, FL 33624-5030	Mailing Address 5004 WEST LINEBAUGH AVE. SUITE C TAMPA, FL 33624-5030
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DO NOT WRITE IN THIS SPACE



01292004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3442289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELT, JOSEPH W
 5004 WEST LINEBAUGH AVE.
 SUITE C
 TAMPA, FL 33624-5030

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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 reissuing)

Filing Fee is \$50.00 Due by May 1, 2004

U00000028719
 02/04/04-80034-014 158.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELT, JOSEPH W 5004-C W. LINEBAUGH AVE. TAMPA, FL 336245030
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph W. Belt Date: 1/29/04 813 961 3075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

JOSEPH W. BELT - MGR