04-27-2004 08:46 From-MERCURIOBRIDGFORD 941 364 91

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May 04, 2004 8:00 am
Secretary of State
05-04-2004 90026 030 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000230

1. Entity Name
BELLMARK SARASOTA AIRPORT, LC

24065121

Principal Place of Business	Mailing Address
2055 WOOD ST #208 SARASOTA, FL 34237	2055 WOOD ST #208 SARASOTA, FL 34237

04272004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0827874
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MULLEN, STEVE
2055 WOOD ST
#208
SARASOTA, FL 34237

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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)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MULLEN, STEPHEN C
STREET ADDRESS	~~820 IDLEWILD WAY~~ 2055 WOOD ST #208
CITY-ST-ZIP	SARASOTA, FL ~~34242~~ 34237
TITLE	MRGM
NAME	MULLEN, GRANT S
STREET ADDRESS	2055 WOOD ST #208
CITY-ST-ZIP	SARASOTA, FL 34237
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 exemption stated in Section 119.07(3)(i), 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: Steve Mullen Steve Mullen 4/27/04 941 364-9570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #