2001 UNIFORM BUSINESS	REPORT	(UBR)
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2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M9800001143 1. Entity Name PELLE AUR BAZZAR LL C						FILED				
BELLEAIR BAZAAR, L.L.C.						01 MAR -5 PM 1:31				
Principal Place of Business 2 POND'S EDGE DRIVE CHADDS FORD PA 19317		Mailing Address P.O. BOX 999 CHADDS FORD PA 19317				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
0 Disciput 0	(10.00								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e ,	City & State			4. FEIN	58-2426276		oplied For ot Applicable	1	
Zip	Country	Zi	р	Coun	itry	5. Certif	icate of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current	Registe	ered Agent		Name	7. Name	and Address of New Regi	stered Agent		1
BRANDYWINE FINANCIAL SERVICES CORPORATION BRUCE E. MOORE					ess (P.O. Box N	umber is Not Acceptable)			! - 	
	CORMICK DRIVE		-							1
CLEARWA	TER FL 33759	V			City	,		FL Zip Cod	e .	1
8. The above	named entity submits this statement for	r the pu	rpose of changing its	registere	ed office or reg	istered agent, o	or both, in the State of Florid	a.	=	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if a	pplicable. (NOTE	: Registere	d Agent signature re	quired when reinstatii	ng)	DATE	=	
		:	FILE NO Make Check Pa		FEE IS \$50. o Departme		6000038 -03/20/1 *****5)[01086	3 008 55.00	
9.	MANAGING MEMB	ERS/ME	MBERS	10.			ADDITIONS/CH	IANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANDYWINE CORPORATION 2637 MCCORMICK DRIVE, SUITE CLEARWATER FL 34619	8	☐ Delete					☐ Change	∏ Addition	E083 (11/00)
TITLE NAME STREET ADDRESS			☐ Delete		E ET ADDRESS			☐ Change	Addition	CR2E0
CITY-ST-ZIP			☐ Delete	, TITLE	-ST-ZIP			☐ Change	☐ Addition	1
NAME STREET ADDRESS CITY-ST-ZIP				NAM STRE	حب است نسخ ∻۔	· - .*	<u></u>	- t	_	_
NAME STREET ADDRESS			☐ Delete		E ET ADDRESS			☐ Change	☐ Addition	
TITLE		***	Delete	TITLE	-ST-ZIP			☐ Change	Addition	}
NAME STREET ADDRESS CITY-ST-ZIP	· ·			•	E ET ADDRESS -ST-ZIP					
TITLE Y, NAME STREET ADDRESS			☐ Delete		E ET ADDRESS			☐ Change	Addition ·	
indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted that the control of the certific and the certific	that my e empov	signature shall have to vered to execute this response	the exemple the same report as	e legal effect as required by C Moore ine Corpora ing Mem	s if made under hapter 608, Flo President ber	oath; that I am a managing rida Statutes.	ther certify that the in member or manage	nformation of the	