2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE

Mar 07, 2002 8:00 am § DOCUMENT # M98000001143 **Secretary of State** 03-07-2002 90040 039 ****55 00 BELLEAIR BAZAAR, L.L.C. Principal Place of Business Mailing Address 2 POND'S EDGE DRIVE P.O. BOX 999 CHADDS FORD PA 19317 CHADDS FORD PA 19317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2426276 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRANDYWINE FINANCIAL SERVICES CORPORATION Street Address (P.O. Box Number is Not Acceptable) **BRUCE E. MOORE** aG3 -2637 MCCORMICK DRIVE **CLEARWATER FL 33759** City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRANDYWINE CORPORATION NAME STREET ADDRESS STREET ADDRESS 2637 MCCORMICK DRIVE, SUITE B CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34619** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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.

Daytime Phone #

CR2E083 (9/01

Attach ment

#M98000001143

Brandywine Financial Services Corporation

P.O. Box 999 Chadds Ford, PA 19317 (610) 388-9600

February 18, 2002

Limited Liability Company
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re:

Belleair Bazaar, LLC #M9800001143

2002 Florida Uniform Business Report

Via Certified Mail

<u>Return Receipt Requested</u> 7001 2510 0007 5598 8596

Gentlemen:

Enclosed please find the 2002 Florida Uniform Business Report for the above referenced limited liability company along with a check in the amount of \$55.00 for the annual registration fee and the additional fee required for a Certificate of Status.

Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,

Michael A. Lynam

Chief Accounting Officer

MAL:dd

Enclosures