

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000001143 1. Entity Name BELLEAIR BAZAAR, L.L.C.	
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Principal Place of Business 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317	Mailing Address P.O. BOX 999 CHADDS FORD, PA 19317
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2426276	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRANDYWINE FINANCIAL SERVICES CORPORATION BRUCE E. MOORE 2631 MCCORMICK DRIVE, SUITE 101 CLEARWATER, FL 33759	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

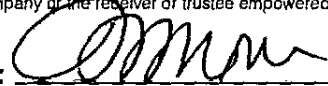
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANDYWINE CORPORATION 2 PONDS EDGE DR. CHADDS FORD, PA 19317
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IN THIS SPACE**

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:  *President of Brandywine Corporation, Managing Member* **4/18/05 (610) 388-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____

Bruce E. Moore