2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

Secretary of State DOCUMENT # 527991 02-12-2004 90007 028 ***150.00 1. Entity Name BELLE PROPERTIES, INC. Principal Place of Business Mailing Address 412 NE 16TH AVE #130 412 NE 16TH AVE #130 PO BOX 1776 PO BOX 1776 GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 Principal Place of Business 3. Mailing Address ann ca B0 Suite, Apt. #, etc te, Apt. #, etc. 01222004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-1729688 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Danne LEE, DENNIS G. Street Address (P.O. Box Number is Not Acceptable) 412 N.E. 16TH AVE. GAINESVILLE, FL 32601 32606 0 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. ed agent and title if applicable Signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD Change TITLE ☐ Delete TITLE LEE, DENNIS G NAME Loo'Da NAME Ste A WWLE STREET ADDRESS 412 NE 16TH AVE. STREET ADDRESS CITY-ST-ZIP 2606 GAINESVILLE, FL 00000, CITY-ST-7IP Addition ☐ Delete TITLE TITLE œω, LEE, CARIDAD NAME A DZ izinwa STREET ADDRESS 412 NF 16TH AVE STREET ADDRESS 32606 CITY-ST-ZIP GAINESVILLE, FL 00000, CITY-ST-ZIP X Change Delete TITLE ☐ Addition TITLE DAVIES, LISA NAME NAME WW Leil STREET ADDRESS STREET ADDRESS 412 N.E. 16TH AVE. 32606 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Defete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C. Alvier ☐ Change TITLE ☐ Delete - -TITLE ■ Addition NAME NAME STREET ADDRESS SAN AT SALES A SALE AT SALES AS A SALES AS A SALE A STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Feb 12, 2004 8:00 am