

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90040 042 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**30056009**

<b>DOCUMENT # L01000020304</b> 1. Entity Name <b>BELMERE COMMUNICATIONS, LLC</b>		
Principal Place of Business <b>5200 VINELAND RD          STE 200          ORLANDO, FL 32811</b>		Mailing Address <b>5200 VINELAND RD          STE 200          ORLANDO, FL 32811</b>
2. Principal Place of Business Suite, Apt. #, etc. <b>6355 Metrowest Blvd.          STE 330</b>		3. Mailing Address <b>6355 Metrowest Blvd.          Suite, Apt. #, etc.          STE 330</b>
City & State <b>ORLANDO, FL</b>		4. FEI Number <b>59-3758001</b>
Zip Country <b>32835 USA</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>DESHPANDE, ANIL          6200 VINELAND RD          STE 200          ORLANDO, FL 32811</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when substituting)</small>		
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE <b>MGRM</b> NAME <b>MAGUNE RD PROPERTY LTD</b> STREET ADDRESS <b>6355 METTOWEST BLVD #330</b> CITY-ST-ZIP <b>ORLANDO, FL 32835</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MGRM</b> NAME <b>PARK SQUARE ENTERPRISES INC</b> STREET ADDRESS <b>5200 VINELAND RD #200</b> CITY-ST-ZIP <b>ORLANDO, FL 32811</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MGRM</b> NAME <b>STRICKLER, WILLIAM</b> STREET ADDRESS <b>365 TAFT VINELAND RD @101</b> CITY-ST-ZIP <b>ORLANDO, FL 32824</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3-31-03</b> <b>467-240-4640</b> <small>Date Change Phone #</small>

CR2E003 (10/02)