
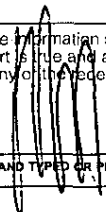


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000020054			
1. Entity Name Belleair Place, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 599 W. Putnam Avenue Suite, Apt. #, etc.		3. Mailing Address 599 W. Putnam Avenue Suite, Apt. #, etc.	
City & State Greenwich, CT 06830		City & State Greenwich, CT 06830	
Zip 06830	Country USA	Zip 06830	Country USA
4. FEI Number Applied For		Applied For	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name CT Corporation			
Street Address (P.O. Box Number is Not Acceptable) c/o CT Corporation System, 1200 South Pine Island Rd			
City Plantation		FL Zip Code 33324	
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 title if applicable.</small>			
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRG GP LLC 599 West Putnam Avenue Greenwich, CT 06830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000014909110 03/28/03--01047--032 **55.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>By</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		3/4/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

FILED
03 MAR 25 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083B (12/02)