


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006651 1. Entity Name 320 BELVEDERE, LLC	
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Principal Place of Business 320 BELVEDERE RD. WEST PALM BEACH, FL 33405	Mailing Address 320 BELVEDERE RD. WEST PALM BEACH, FL 33405
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DO NOT WRITE IN THIS SPACE



01282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1020915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GESUE, PHILLIP 320 BELVEDERE RD. WEST PALM BEACH, FL 33405

**DO NOT WRITE
IN THIS SPACE**

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 re-stating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GESUE, PHILLIP 320 BELVEDERE RD. WEST PALM BEACH, FL 33405
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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: *Nora Brunner* *NORA BRUNNETT* *3/10/05* *561-832-0094*

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