
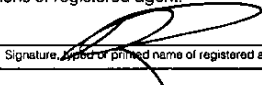



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90041 007 \*\*\*\*50.00

<b>DOCUMENT # L00000007883</b> 1. Entity Name <b>BELLE TERRE ASSOCIATES, LLC</b>					
Principal Place of Business <b>1030 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114</b>			Mailing Address <b>1030 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business <b>444 SEABREEZE BLVD.</b>		3. Mailing Address <b>444 SEABREEZE BLVD.</b>			
Suite, Apt. #, etc. <b>STE 1000</b>		Suite, Apt. #, etc. <b>STE 1000</b>			
City & State <b>DAYTONA BEACH, FL</b>		City & State <b>DAYTONA BEACH, FL</b>			
Zip <b>32118</b>		Country		Zip <b>32118</b>	
Country		4. FEI Number <b>59-3657759</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TOWER, DEVIN 1030 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>444 SEABREEZE BLVD.</b> <b>STE 1000</b> City <b>DAYTONA BEACH, FL</b> Zip Code <b>32118</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TOWER, DEVIN 1030 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>444 SEABREEZE BLVD. STE. 1000 DAYTONA BEACH, FL 32118</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LICHTIGMAN, CHARLES S 1030 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>444 SEABREEZE BLVD. STE.1000 DAYTONA BEACH, FL 32118</b>		
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		
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #