


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90030 025 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L00000007883</b>                       |  |
| 1. Entity Name<br><b>BELLE TERRE ASSOCIATES, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>44 SEBREEZE BLVD<br/>STEW 1000<br/>DAYTONA BEACH, FL 32118</b> | Mailing Address<br><b>44 SEBREEZE BLVD<br/>STEW 1000<br/>DAYTONA BEACH, FL 32118</b> |
|--|--|

**20038826**



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| 2. Principal Place of Business<br><b>444 Seabreeze Blvd.</b> | 3. Mailing Address<br><b>444 Seabreeze Blvd.</b> |
| Suite, Apt. #, etc.<br><b>Suite 1000</b>                     | Suite, Apt. #, etc.<br><b>Suite 1000</b>         |

01062006 Chg-LLC CR2E083 (11/05)

|   |   |
|---|---|
| City & State<br><b>Daytona Beach, FL.</b> | City & State<br><b>Daytona Beach, FL.</b> |
| Zip<br><b>32118</b>                       | Zip<br><b>32118</b>                       |
| Country                                   | Country                                   |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3657759</b> | Applied For<br><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<br><b>TOWER, DEVIN<br/>444 SEBREEZE BLVD<br/>STE 1000<br/>DAYTONA BEACH, FL 32118</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Charles S. Lichtigman</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>444 Seabreeze Blvd.</b><br>Suite 1000<br>City<br><b>Daytona Beach</b> FL Zip Code<br><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 *Charles S. Lichtigman* DATE *4/20/06*  
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required when reinstating)

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|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TOWER, DEVIN<br>444 SEABREEZE BLVD, STE 1000<br>DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LICHTIGMAN, CHARLES S<br>444 SEABREEZE BLVD, STE 1000<br>DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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:** *Charles S. Lichtigman* **4/20/06** **386-2383600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #