

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007883**

1. Entity Name  
**BELLE TERRE ASSOCIATES, LLC**



Principal Place of Business  
**444 SEABREEZE BLVD., SUITE 1000  
DAYTONA BEACH, FL 32118**

Mailing Address  
**444 SEABREEZE BLVD., SUITE 1000  
DAYTONA BEACH, FL 32118**



02222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3657759**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LICHTIGMAN, CHARLES S  
444 SEBREEZE BLVD  
STE 1000  
DAYTONA BEACH, FL 32118**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

|                |                              |
|----------------|------------------------------|
| TITLE          | MGR                          |
| NAME           | LICHTIGMAN, CHARLES S        |
| STREET ADDRESS | 444 SEABREEZE BLVD, STE 1000 |
| CITY- ST- ZIP  | DAYTONA BEACH, FL 32118      |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

U000000917078  
05/13/08-80026-009 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/18/08**

Date

**386 238-3600**

Daytime Phone #