## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # L00000012375  1. Entity Name BELFORT OAKS VILLAGE, L.L.C.				04-14-2005 90028 014 ****50.00				
Principal Place of Business Mailing Address				<del> </del> .	ፈህሀንልሀሀ፣			
6871 BELFORT OAKS PLACE JACKSONVILLE, FL 32216		P.O. BOX 551260 JACKSONVILLE, FL 32255						
0 Diani- d D	1000	A 14292 A 144 A						
2. Principal Place of Business 6950 Philips Hwy		3. Mailing Address 6950 Philips Hwy			<b>                                    </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112005	Chg-LLC	CR2E083 (10/03)		
Suite 15 City & State		Suite 15 City & State				<u> </u>		
Jacksonville, FL		Jacksonville, FL		4. FEI Numb 59-367		<del>                                     </del>	plied For t Applicable	
Zip	Country	Zip	Country		of Status Desired	□ \$5.00 Add		
32216		32216	USA			Fee Require	d	
6. Name and Address of Current Registered Agent			- Name	7. Name and	d Address of New R	egistered Agent		
SCHNEIDER, MICHAEL N 5150 BELFORT RD., BLDG. 100 JACKSONVILLE. FL 32256			Ctup at A dalar	Chart Address (DO Carth) - bar is Not Assembly				
			Street Addre	ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
v	······································							
			City		<del></del>	FL Zip Cod	9	
8. The above	named entity submits this statement for	the purpose of changing its re	aistered office or rea	sistered agent, or bo	oth, in the State of Flo	1	and accent	
the obligat	ions of registered agent.		<b>3</b>	,, c. 2ga, c. 3c	,	TOOL TENTION TO THE PERIOD	and accopt	
SIGNATURE .	Signature, typed or printed name of registered agent ar	4.000						
	Signature, types or principo harre or registates agent as	La super application. (NOTE: N	legistered Agent signature re	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State			
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/	CHANGES	· · · · · · · · · · · · · · · · · · ·	
TITLE	MGRM	☐ Delete	TITLE	<del></del>		Change	Addition	
NAME STREET ADDRESS	FAR EAST BROKERS & CONSULTANTS, INC. 6871 BELFORT OAKS PLACE		NAME STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE			☐ Change	- Addition	
NAME OTREET LEBERTOR	MORALES INVESTMENTS OF JA	NAME				4.0		
STREET ADDRESS CITY-ST-ZIP	6950 PHILLIPS HIGHWAY, #15 JACKSONVILLE, FL 32216		STREET ADDRESS			,		
TITLE			CITY-ST-ZIP					
NAME	•	☐ Delete	CITY-ST-ZIP			☐ Channe	☐ Addition	
STREET ADDRESS		☐ Delete	CITY-ST-ZIP  TITLE  NAME			☐ Change	☐ Addition	
		□ Delete	TITLE NAME STREET ADDRESS		······································	☐ Change	Addition	
CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					
		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition  Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS				<del>-</del> .	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE				<del>-</del> .	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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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.

A 1800 SIGNATURE: T Fitch King III Managing Member 4/12/05 (904) 296-3232