

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90284 013 ****50.00

DOCUMENT # L01000011510

1. Entity Name
THE BELMONT AT ST. LUCIE WEST, L.L.C.



Principal Place of Business
**7025 BERACASA WAY, STE. 107
BOCA RATON, FL 33433**

Mailing Address
**7025 BERACASA WAY, STE. 107
BOCA RATON, FL 33433**

24041388



2. Principal Place of Business

**7284 W. Palmetto Park Rd
Ste 106**

3. Mailing Address

**7284 W. Palmetto Park Rd
Ste 106**

04012004 Chg-LLC CR2E083 (10/03)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1132469

Applied For
Not Applicable

Zip Country
33433 USA

Zip Country
33433 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KODSI & EISENSTEIN, P.A.
701 WEST CYPRESS CREEK RD., STE. 302
FT LAUDERDALE, FL 33433**

7. Name and Address of New Registered Agent

Name **Daniel A. Kaske, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

7284 W. Palmetto Park Rd Ste 108

City **Boca Raton** FL Zip Code **33433**

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

4-12-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☐ Delete
NAME **BERDUGO, ELIE**
STREET ADDRESS **7025 BORACHSA WAY 3107**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4-12-04 5613956808