


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90084 015 ****50.00

DOCUMENT # L02000000067

1. Entity Name
 232 BELMONT ROAD, LLC



Principal Place of Business 1500 SOUTH OLIVE AVENUE WEST PAM BEACH, FL 33401 US	Mailing Address 1500 SOUTH OLIVE AVENUE WEST PAM BEACH, FL 33401 US
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20060803



05042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0387764	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FEARRINGTON, WILLA A ESQ
 C/O ARNSTEIN & LEHR
 515 N. FLAGLER DR., STE 600
 WEST PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, JONATHAN C 1171 SINGER DRIVE SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIES, GREGORY L 112 ELYSIUM DRIVE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HAROLD J 5405 CANYON TRAIL WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **Date** 6/27/05 **Daytime Phone #** 561 835 1888

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