2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L02000000067

Entity Name: 232 BELMONT ROAD, LLC

Current Principal Place of Business:

1500 SOUTH OLIVE AVENUE
WEST PAM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1500 SOUTH OLIVE AVENUE
WEST PAM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 03-0387764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: MOORE, JONATHAN C
Address: 1171 SINGER DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

Title: VP ( ) Delete
Name: DAVIES, GREGORY L
Address: 112 ELYSIUM DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: SMITH, HAROLD J
Address: 5405 CANYON TRAIL
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN C. MOORE P 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date