

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001556

Entity Name: BELFORT PARKWAY, L.L.C.

FILED  
Sep 05, 2005  
Secretary of State

## Current Principal Place of Business:

7791 BELFORT PKWY  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

7791 BELFORT PKWY  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 01-0633373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N  
5150 BELFORT RD  
JACKSONVILLE, FL 32256      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: MGRM      ( ) Delete  
Name: BINCZAK, RODNEY W  
Address: 7791 BELFORT PKWY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR      ( ) Delete  
Name: BINCZAK, LAURA J  
Address: 7791 BELFORT PKWY  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: RODNEY W. BINCZAK

MGRM

09/05/2005

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