

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001556

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

FILED
May 03, 2007
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:

BINCZAK, LAURA J
7791 BELFORT PARKWAY
JACKSONVILLE, FL 32256 US

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: LAURA J. BINCZAK

05/03/2007

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BINCZAK, LAURA J
Address: 7791 BELFORT PKWY
City-St-Zip: JACKSONVILLE, FL 32256

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

I hereby certify that the information supplied with this filing does not qualify 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: LAURA J. BINCZAK

MGRM

05/03/2007

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