


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90763 022 ****50.00

DOCUMENT # L02000004919	
1. Entity Name Begonia Hall Investment, LLC	

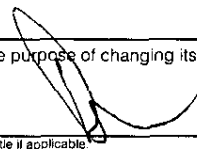
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 215 Celebration Place Suite, Apt. #, etc. Suite 500 City & State Celebration, FL Zip 34747 Country USA	3. Mailing Address 803 Birchfield Drive Suite, Apt. #, etc. City & State Mt. Laurel, NJ Zip 08054 Country USA
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DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name David Waronker Street Address (P.O. Box Number is Not Acceptable) 215 Celebration Place Suite 500 City Celebration FL Zip Code 34747	

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

DATE
3/7/07

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David Waronker 934 Spring Park Loop Celebration, FL 34747	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)(l), 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
3/7/07

Daytime Phone #

CR2E083B (12/02)