


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000005576</b> 1. Entity Name <b>BELLE RIVE PROPERTIES, LLC</b>	
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Principal Place of Business <b>455 MAGNOLIA AVE., STE. B MERRITT ISLAND, FL 32952</b>	Mailing Address <b>455 MAGNOLIA AVE., STE. B MERRITT ISLAND, FL 32952</b>
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**DO NOT WRITE IN THIS SPACE**

05212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>02-0577697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OUELLETTE, PATRICIA B  
455 MAGNOLIA AVE., STE. B  
MERRITT ISLAND, FL 32952**

**DO NOT WRITE  
IN THIS SPACE**

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)

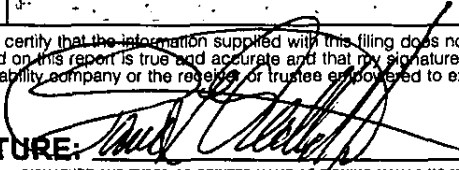
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>U000000952560 06/04/08-80085-010 143.75</b>
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CE OUELLETTE, PAUL L 455 MAGNOLIA AVE #B MERRITT ISLAND, FL 32952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR OUELLETTE, PATRICIA B 455 MAGNOLIA AVE STE B MERRITT ISLAND, FL 32952</b>
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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 exemptions contained in Chapter 119, 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:**  **Paul L. Ouellette** **5/21/08 321-453-7750**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #