

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90283 004 ****50.00

DOCUMENT # L02000024527

1. Entity Name
THE BELMONT AT GREENACRES, L.L.C.



Principal Place of Business
**7025 BERACASA WAY
SUITE 107
BOCA RATON, FL 33433**

Mailing Address
**7025 BERACASA WAY
SUITE 107
BOCA RATON, FL 33433**

24041347



2. Principal Place of Business

7284 W. Palmetto Park Rd

3. Mailing Address

7284 W. Palmetto Park Rd.

Suite, Apt. #, etc.

Ste 106

Suite, Apt. #, etc.

Ste 106

01072004

Chg-LLC

CR2E083 (10/03)

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

APPLIED FOR

080553454

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERDUGO, ELIE
7025 BERACASA WAY
SUITE 107
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name

Daniel A. Kaskel P.A.

Street Address (P.O. Box Number is Not Acceptable)

7284 W. Palmetto Park Rd - Ste # 108

City

Boca Raton

FL

Zip Code
33433

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERDUGO, ELIE
7025 BERACASA WAY, SUITE 107
BOCA RATON, FL 33433**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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)(i), 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

Daytime Phone #

4-12-04 561 395 6868