2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90289 010 ****50.00

DOCUMENT # L02000025735

1. Entity Name
BELLE RIVE DEVELOPMENT GROUP, LLC

Principal Place of Business	Mailing Address
3250 MARY ST., STE. 303 COCONUT GROVE, FL 33133	3250 MARY ST., STE. 303 COCONUT GROVE, FL 33133

03162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
2801 Florida Ave		2801 Florida Ave.	
Suite, Apt. #, etc.: Suite 14		Suite, Apt. #, etc.: Suite 14	
City & State: Coconut Grove, FL		City & State: Coconut Grove, FL	
Zip: 33133	Country: USA	Zip: 33133	Country: USA

4. FEI Number: 51-0428112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BURMAN, GARY
3250 MARY ST., STE. 303
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name: Gary Burman
Street Address (P.O. Box Number is Not Acceptable): 2801 Florida Ave.
Suite 14
City: Coconut Grove FL Zip Code: 33133

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] 3/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURMAN, GARY 3250 MARY ST., #303 COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Burman, Gary 2801 Florida Ave., Ste. 14 Coconut Grove, FL 33133	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENZEC, PETER 2801 FLROIDA AVE. COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wenzel, Peter 2801 Florida Ave., Ste. 14 Coconut Grove, FL 33133	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/16/06 305-448-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #