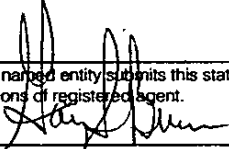
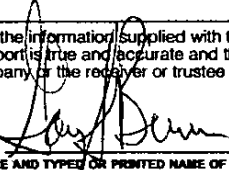


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 3250 MARY ST., STE. 303 COCONUT GROVE, FL 33133			Mailing Address 3250 MARY ST., STE. 303 COCONUT GROVE, FL 33133		
2. Principal Place of Business 2801 Florida Ave		3. Mailing Address 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		4. FEI Number 51-0428112	
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  3/16/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 ☐ Delete 3250 MARY ST., #303 COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition Burman, Gary 2801 Florida Ave., Ste. 14 Coconut Grove, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete WENZEC, PETER 2801 FLORIDA AVE. COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition Wenzel, Peter 2801 Florida Ave., Ste. 14 Coconut Grove, FL 33133	
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: 			3/16/06 325448-8111 Date Daytime Phone #		