.2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2003 8:00 am Secretary of State

DOCUMENT # L02000025735 1. Entity Name BELLE RIVE DEVELOPMENT GROUP, LLC						04-14-2003	3 90005 021 **	***50.00	
Principal Plac	ce of Business	Mailing Address			1				
3250 MARY ST., STE. 303 COCONUT GROVE FL 33133		3250 MARY ST., STE. 303 COCOMUT GROVE FL 33133							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Nur	0428112	———	pplied For ot Applicable	7	
Zip	Country Zip		Country		5. Certifica		\$5.00 Ad	ditional	1
	6. Name and Address of Current R	agistered Agent			7. Name a	nd Address of New Regis	tored Agent		1
THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRE				Name	- 346-46-5	Marine Control of the second of the			}
3250	MAN, GARY MARY ST., STE. 303			Street Address (f	at Address (P.O. Box Number is Not Acceptable)				
COL	ONUT GROVE FL 33133		. [
				City	FL Zip Code				
	named entity submits this statement for tions of registered agent.	he purpose of changing its	registere	d office or registere	ed agent, or t	ooth, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	fittle if applicable. (NOTE:	Registered	Agent signatura required	when reinstating)		DATE		
		T		EE IS \$50.00	 		,		1
Make Check Payable					nt of State				
		Due	By Ma	y 1, 2003					l
9.	MANAGING MEMBERS		10.			ADDITIONS/CHA	NGES		_ ا
TILE	MANAGING MEMBER		TITLE		•		Change	Addition	18
NAME STREET ADDRESS	GAM BURMAN 3250 MANY ST #	303		F ADDRESS					CR2E083 (10/02)
CITY-ST-ZIP	LOCONIUT SKOVE	PV. 33132	CITY-S	SI-ZIP				- Addition	낊
TITLE NAME	managing member leter wenzel	☐ Delete	TITLE				Change	Addition	្ន
STREET ADDRESS	2801 FINEINA AU	6		FADDRESS					-
CITY-ST-ZIP	1801 FLORIDA AUG	FL 33133	CITY-S	5T-ZIP					
NAME STREET ADDRESS	The same of the sa	Deletz		ADDRESS	~		. Change برور م	Addition	-
TITLE		☐ Delete	CITY-S TITLE	n-eir		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP		,	STREET CITY-S	ADORESS IT-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME CTREET ANDRECC	•		NAME	ADDRECC					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADORESS T-ZIP					
TITLE		☐ Defete	TITLE		<u>-</u>		☐ Change	Addition	
HAME	•		NAME		·#		<i>=</i> •		
STREET ADDRESS	,	•		ADORESS				•]	
CITY-ST-ZIP	arity that the information available with the	in filling along the months for the	CITY-S	other stated in Con	4: 110 07/0	Vi) Code Statidae Liuth		fo-mation .	

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 informatic 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 REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #