


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90074 017 ****55.00

DOCUMENT # L02000026959	
1. Entity Name BELGRAVIA GROUP, LLC	

Principal Place of Business 7027 WEST BROWARD BOULEVARD STE. 2103 FORT LAUDERDALE, FL 33317	Mailing Address 7027 WEST BROWARD BOULEVARD STE. 2103 FORT LAUDERDALE, FL 33317
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24060344



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-1934076	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE SEVENTH FL
MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name Henry L. Chisholm
Street Address (P.O. Box Number is Not Acceptable) 600 N. Pine Island Road, Suite 450
City Ft. Lauderdale FL Zip Code 33324

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] DATE 4-26-04
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, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHISHOLM REALTY COMPANY LTD 7027 WEST BROWARD BOULEVARD STE. 2103 FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] DATE 4-26-04 DAYTIME PHONE # 954-792-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE