


**2006 LIMITED LIABILITY COMPANY.  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000034379</b> 1. Entity Name DANE, BELT, ROSS & ASSOCIATES, LLC	
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Principal Place of Business 1 FINANCIAL PLAZA, SUITE 2001 FORT LAUDERDALE, FL 33394	Mailing Address 1 FINANCIAL PLAZA, SUITE 2001 FORT LAUDERDALE, FL 33394
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01242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3887524	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  BELT, A.J. 1 FINANCIAL PLAZA, SUITE 2001 FORT LAUDERDALE, FL 33394
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000403822  
02/06/06-80023-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELT, AJ III 1 FINANCIAL PLAZA #2001 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANE, JAN W 1 FINANCIAL PLAZA #2001 FORT LAUDERDALE, FL 33394
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: AS Belt 1/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #