

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005005

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** BELLE MER PROPERTIES, LLC

**Current Principal Place of Business:**

4201 NE 30TH TERRACE  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

9331 EQUUS CIRCLE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

PO BOX 50371  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

PO BOX 742142  
BOYNTON BEACH, FL 334742142

**FEI Number:** 51-0464492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCCIERI, LOUIS F  
4201 NE 30TH TERRACE  
LIGHTHOUSE POINT, FL 33064 US

**Name and Address of New Registered Agent:**

BUCCIERI, LOUIS F  
9331 EQUUS CIRCLE  
BOYNTON BEACH, FL 33437 US

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.

**SIGNATURE:**

03/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BUCCIERI, BROOKE L  
**Address:** 4201 NE 30TH TERRACE  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BUCCIERI, BROOKE L  
**Address:** 9331 EQUUS CIRCLE  
**City-St-Zip:** BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** BROOKE L BUCCIERI

MGRM

03/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date