


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90135 009 ****55.00

DOCUMENT # L03000027812	
1. Entity Name BELOH SAYRE, LLC	

Principal Place of Business 2238 JESSICA LANE KISSIMMEE, FL 34744-6453	Mailing Address 2238 JESSICA LANE KISSIMMEE, FL 34744-6453
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14026842

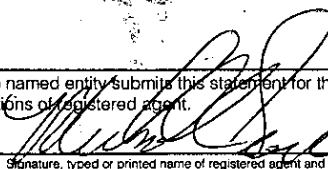


2. Principal Place of Business 1545 NE Ocean Boulevard Suite, Apt. #, etc. #401S City & State Stuart, FL Zip 34996	3. Mailing Address 1545 NE Ocean Boulevard Suite, Apt. #, etc. #401S City & State Stuart, FL Zip 34996
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07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0124939		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HODGES, GEORGE 585 SOUTH RONALD REAGAN BLVD., SUITE 121 LONGWOOD, FL 32750-5462		7. Name and Address of New Registered Agent Name Michael C. Sayre Street Address (P.O. Box Number is Not Acceptable) 1545 NE Ocean Boulevard #401S City Stuart FL Zip Code 34996

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.

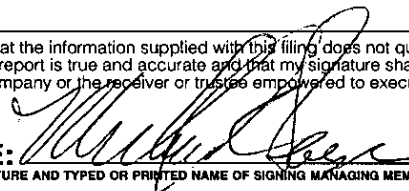
SIGNATURE  DATE **7-13-04**

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 September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYRE, MICHAEL C 63 EAST BROAD STREET TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1545 NE Ocean Boulevard, #401S Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELOH, DINA M 63 EAST BROAD STREET TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1545 NE Ocean Boulevard, #401S Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **7-13-04** 407-616-900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE