

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027812

FILED
Mar 03, 2007
Secretary of State

Entity Name: BELON SAYRE, LLC

Current Principal Place of Business:

2236 JESSICA LANE
KISSIMMEE, FL 34744

New Principal Place of Business:

7 INDIAN RIVER AVENUE
502
TITUSVILLE, FL 32976

Current Mailing Address:

2236 JESSICA LANE
#401S
KISSIMMEE, FL 34744

New Mailing Address:

7 INDIAN RIVER AVENUE
502
TITUSVILLE, FL 32976

FEI Number: 20-0124939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYRE, MICHAEL C
2236 JESSICA LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

SAYRE, MICHAEL C
7 INDIAN RIVER AVENUE
502
TITUSVILLE, FL 32976 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:

03/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAYRE, MICHAEL C
Address: 2236 JESSICA LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM () Delete
Name: BELON-SAYRE, DINA M
Address: 2236 JESSICA LANE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAYRE, MICHAEL C
Address: PO BOX 6503
City-St-Zip: TITUSVILLE, FL 32782 US

Title: MGRM (X) Change () Addition
Name: BELON-SAYRE, DINA M
Address: PO BOX 6503
City-St-Zip: TITUSVILLE, FL 32782 US

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: MICHAEL C. SAYRE

MGM

03/03/2007

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