

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029586

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** BELLE RIVE VENTURES, LLC

**Current Principal Place of Business:**

301 N. BAKER ST., #212  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

8715 BELLE RIVE BLVD ATTN:OFFICE  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

301 N. BAKER ST., #212  
MOUNT DORA, FL 32757

**New Mailing Address:**

8715 BELLE RIVE BLVD ATTN:OFFICE  
JACKSONVILLE, FL 32256

**FEI Number:** 20-0150589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COE, ERIC H  
301 N BAKER ST #212  
MOUNT DORA, FL 32757 US

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

COE, ERIC H  
114 SLEEPY HOLLOW ROAD  
LEESBURG, FL 32256 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: ERIC COE

02/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COE, ERIC H MGR  
Address: 114 SLEEPY HOLLOW ROAD  
City-St-Zip: LEESBURG, FL 34748

I hereby 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: ERIC COE

MGR

02/06/2012

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