

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-30-2004 90085 050 ****50.00

DOCUMENT # L03000038406

1. Entity Name

BELVEDERE INVESTMENT ASSOCIATES, LLC



Principal Place of Business

**1601 BELVEDERE RD, STE 407
PALM BEACH FL 33406**

Mailing Address

**1601 BELVEDERE RD, STE 407
PALM BEACH FL 33406**

34006211



MOORE

CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. EEI Number

20-0363081

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PANTHER BELVEDERE, LLC
155 S MIAMI AVE, PH 2-A
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

155 S. Miami Avenue PH 2A

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PANTHER BELVEDERE, LLC
STREET ADDRESS 1601 BELVEDERE RD, STE 407
CITY- ST- ZIP PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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NAME
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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Panther Belvedere LLC
STREET ADDRESS 155 S. Miami Ave, PH 2A
CITY- ST- ZIP Miami FL 33130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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:

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

4-26-04

Date

206-374-5455

Daytime Phone #