

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90018 025 ****50.00

20028476



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	
2. Principal Place of Business Suite, Apt. #, etc. 407 - South City & State West Palm Beach, FL Zip 33406		3. Mailing Address Suite, Apt. #, etc. 407 - South City & State West Palm Beach, FL Zip 33406	
4072006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-0363081	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PANTHER BELVEDERE, LLC 155 S. MIAMI AVENUE PH 2A MIAMI, FL 33130		7. Name and Address of New Registered Agent Name WAM Belvedere Associates, LLC Street Address (P.O. Box Number is Not Acceptable) 1601 Belvedere Road 407 - South City West Palm Beach, FL Zip Code 33406	
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 _____		William A. Meyer, Authorized Agent 04-07-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR PANTHER BELVEDERE, LLC 155 S. MIAMI AVE, PH 2A MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR WAM Belvedere Associates, LLC 1601 Belvedere Road, 407 - South West Palm Beach, FL 33406	<input type="checkbox"/> Change <input checked="" 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
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 exemptions contained in Chapter 119, 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: _____		William A. Meyer, Authorized Agent, 04-07-06 561-689-6602 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	