

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90241 034 \*\*\*138.75

**DOCUMENT # L03000038406**

1. Entity Name

**BELVEDERE INVESTMENT ASSOCIATES, LLC**



Principal Place of Business

**1601 BELVEDERE ROAD  
SUITE 407-SOUTH  
PALM BEACH, FL 33406 US**

Mailing Address

**1601 BELVEDERE ROAD  
SUITE 407-SOUTH  
PALM BEACH, FL 33406 US**

**DO NOT WRITE IN THIS SPACE**

60014311



02082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

**20-0363081**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WAM BELVEDERE ASSOCIATES, LLC.  
1601 BELVEDERE ROAD  
SUITE 407-SOUTH  
WEST PALM BEACH, FL 33406**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>
NAME	<b>PANTHER BELVEDERE, LLC</b>
STREET ADDRESS	<b>155 S. MIAMI AVE, PH 2A</b>
CITY-ST-ZIP	<b>MIAMI, FL 33136</b>
TITLE	<b>MGR</b>
NAME	<b>WAM BELVEDERE ASSOCIATES, LLC.</b>
STREET ADDRESS	<b>1601 BELVEDERE ROAD SUITE 407-SOUTH</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33406</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #