


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041401 1. Entity Name BELMOPAN VENTURES, LLC	
---	---

Principal Place of Business 3038 N. FEDERAL HWY SUITE D-200 FT. LAUDERDALE, FL 33306 US	Mailing Address 3038 N. FEDERAL HWY SUITE D-200 FT. LAUDERDALE, FL 33306 US
---	---

DO NOT WRITE IN THIS SPACE

01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 55-0850982	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent FRIEDBERG, SHELDON 3038 N. FEDERAL HWY SUITE D-200 FT. LAUDERDALE, FL 33306	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDBERG, SHELDON 3038 N. FEDERAL HWY, SUITE D-200 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PISONI, MATTHEW 3038 N. FEDERAL HWY, SUITE D-200 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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: MATTHEW PISONI 1/21/2005 954-670-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #