


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041762 1. Entity Name BELEN, LLC	
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Principal Place of Business 6200 NW 11TH ST. FORT LAUDERDALE, FL 33313 US	Mailing Address 6200 NW 11TH ST. FORT LAUDERDALE, FL 33313 US
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DO NOT WRITE IN THIS SPACE



05052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0346669	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CLAYTON, BARRY L
480 MAPLEWOOD DR.
STE 5
JUPITER, FL 33458**

**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 _____

**Filing Fee is \$50.00
Due by September 7, 2005**

1000000368277
05/25/05-80005-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARLINO, SUSANA B
STREET ADDRESS	6200 NW 11TH ST
CITY - ST - ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(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 OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____