

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002406

Entity Name: BELLE MEADE, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

235 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

911 OUTER ROAD
ORLANDO, FL 32814

Current Mailing Address:

235 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

911 OUTER ROAD
ORLANDO, FL 32814

FEI Number: 20-1236800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROSZ, WILLIAM S JR
235 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

OROSZ, WILLIAM S JR
911 OUTER ROAD
ORLANDO, FL 32814 US

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.

SIGNATURE:

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OROSZ, WILLIAM S JR.
Address: 235 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: OROSZ, STEPHEN W
Address: 235 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OROSZ, WILLIAM S JR.
Address: 911 OUTER ROAD
City-St-Zip: ORLANDO, FL 32814

Title: MGR (X) Change () Addition
Name: OROSZ, STEPHEN W
Address: 911 OUTER ROAD
City-St-Zip: ORLANDO, FL 32814 US

Title: MGR () Change (X) Addition
Name: SANDERS, KYLE A
Address: 911 OUTER ROAD
City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STPEHEN OROSZ

MGR

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date