

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027065

Entity Name: BELAIRE GROUP, LLC

FILED  
Jul 05, 2006  
Secretary of State

**Current Principal Place of Business:**

1385 N.W. 15TH STREET  
MIAMI, FL EE125

**New Principal Place of Business:**

3001 S.OCEAN DRIVE  
807  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1385 N.W. 15TH STREET  
MIAMI, FL EE125

**New Mailing Address:**

10 BELLAIRE STREET  
1205  
TORONTO, ON M5R 3T8 CA

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 NORTHWEST 16TH STREET  
FT. LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

LEITMAN, ARIE  
3001 S.OCEAN DRIVE  
807  
HOLLYWOOD, FL 33019 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: ARIE LEITMAN

07/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEITMAN, ARIE  
Address: 1385 N.W. 15TH STREET  
City-St-Zip: MIAMI, FL EE125

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEITMAN, ARIE  
Address: 3001 S.OCEAN DRIVE, SUITE 807  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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: ARIE LEITMAN

MGR

07/05/2006

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