## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000034051** 

1. Entity Name
BELAGIO INTERNATIONAL LLC

STREET ADDRESS

CITY-ST-ZIP

## **FILED** Feb 21, 2005 8:00 am Secretary of State 02-21-2005 90173 005 \*\*\*\*50.00

Principal Place	e of Business	Mailing Address		7			
4014 CHASE AVENUE		4014 CHASE AVENUE		20013096			
211 Miami Beach, Fl. 33140		211			*		
		MIAMI BEACH, FL 33140					
2. Principal Place of Business		3. Mailing Address			<b>              </b>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02162005 Chg-LLC	CR2E083 (10/03)		
City & State	9	City & State		4. FEI Number 20 - 1101 77	2 Apr	olied For Applicable	
Zip	Country	Zip	Country		<b>65 00</b>	tional .	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New R	<u> </u>		
o. Hallo and Madioso of Cartonic Hogicianos Mgani.			Name				
BERNARD, BRONNER 4014 CHASE AVENUE		Street Address		(P.O. Box Number is Not Acceptable)			
211							
MIAMI BEA	ACH, FL 33140						
			City	•	FL Zip Code	1	
	named entity submits this statement to	r the purpose of changing its re	gistered office or regist	stered agent, or both, in the State of Flo	orida. I am familiar with, a	and accept	
the obligati	ions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Agent signature requir	ired when reinstating)	DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Agent signature requi	ired when reinstating)	DATE	<del></del>	
Fi	ling Fee is \$50.00	and title if applicable. (NOTE: Fi	tegistered Agent signature requi	Mak	e check payable to		
Fi		and title if applicable. (NOTE: Fi	legistered Agent signature requi	Mak	•		
Fi	ling Fee is \$50.00		registered Agent signature requi	Mak	te check payable to a Department of State	11	
Fi Di	ling Fee is \$50.00 ue by May 1, 2005		10. ITILE	Mak Flörid	te check payable to a Department of State	Addition	
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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.

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Date