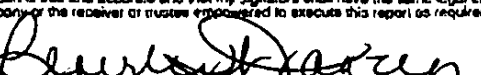


FIRST FINANCIAL COUN

FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90048 029 ***50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000034247			
1. Entity Name BEL COL 114, LLC		30007895	
Principal Place of Business 7512 DR. PHILLIPS BOULEVARD ORLANDO, FL 32819		Mailing Address 7512 DR. PHILLIPS BOULEVARD PMB 50-906 ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 770633068		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04272005 Chg.-LLC CR2ED83 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WENDEL, JOHN F WENDEL & CHRITTON, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND, FL 33813		Name -	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ Signature must be of either owner of registered agent and not a partner. (NOTE: Registered Agent signature required when withdrawing)			
Filing Fee is \$50.00 Due by May-1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JANZEN, BEVERLY W 7512 DR. PHILLIPS BOULEVARD ORLANDO, FL 32819	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
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: 		4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	