2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90012 026 ****50.00

DOCUMENT # L0400035677 1. Entity Name BELVEDERE FAMILY ESTATES, LLC								04-19-2005 9	0012 026	5 ****50.	.00
Principal Place of Business 1206 E RIDGEWOOD ST ORLANDO, FL 32803			Mailing Address PO BOX 590353 ORLANDO, FL 32859				20037444				
2. Principal Place of Business			3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #. etc.				03162005	Chg-LLC	CR2E08	33 (10/03)	
City & State			City & State				4. FEI Numb	per			plied For t Applicable
Zip	Country		Zip Count		try	y 5. Certifica		e of Status Desired		5.00 Add	itional
	6. Name	and Address of Current	Registered Agent		I		7. Name an	d Address of New R		ee Required	
			- 		Näme -			· 			
	T RIDGEV	, CARLA ESQUIRE VOOD STREET 03	Street Addres			ddress (F	(P.O. Box Number is Not Acceptable)				
						****				1	
				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 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 May 1, 2005							Make check payable to Florida Department of State				
Fi De	iling Fee ue by Ma	is \$50.00 y 1, 2005							•	-	•
Fi De	iling Fee ue by Ma	is \$50.00 y 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.			_		Departme	-	•
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9.	iling Fee ue by Ma	y 1, 2005		TITU NAM STRE		К. Р.О	Hutto . Box	Florida	Departme	ent of State	
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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 OF FRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #