


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000046575</b>	
1. Entity Name <b>BELVEDERE INVESTORS LLC</b>	

Principal Place of Business <b>505 S FLAGLER DR SUITE 1325 WEST PALM BEACH, FL 33409</b>	Mailing Address <b>505 S FLAGLER DR SUITE 1325 WEST PALM BEACH, FL 33409</b>
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03152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1326584</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fees Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

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IN THIS SPACE**

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 re/instating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HANNA, PAUL B 505 S FLAGLER DR SUITE 1325 WEST PALM BEACH, FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HANNA, PAUL B 505 S FLAGLER DR SUITE 1325 WEST PALM BEACH, FL 33409</b>
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04/18/06-80044-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Paul B Hanna** **3/29/06** **561-655-5337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #