


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90028 030 ****50.00

DOCUMENT # L04000047841 1. Entity Name BELVEDERE PROPERTIES, LLC					
Principal Place of Business 543 BELVEDERE COURT PUNTA GORDA, FL 33950-6426			Mailing Address 543 BELVEDERE COURT PUNTA GORDA, FL 33950-6426		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 49 Haywood Ct Suite, Apt. #, etc.			
City & State Zip		City & State Ft. Thomas, Ky Zip 41075		4. FEI Number 20-1296503	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MINSTERMAN, KAREN S 543 BELVEDERE COURT PUNTA GORDA, FL 33950-6426			7. Name and Address of New Registered Agent 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 _____ (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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINSTERMAN, KAREN S 49 HAYWOOD CT. FT. THOMAS, KY 41075	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASTERS, WILLIAM J 206 TAYS MEADOWS SCOTT DEPOT, WV 25560	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREITENSTEIN, CAROL A 123 RIDGE HILL DRIVE HIGHLAND HEIGHTS, KY 41076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
SIGNATURE: <u>Karen S Minsterman</u> 9/25/05 859-441-0476 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					