2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# L04000047841

Entity Name: BELVEDERE PROPERTIES, LLC

Current Principal Place of Business:

543 BELVEDERE COURT
PUNTA GORDA, FL 339506426

New Principal Place of Business:

Current Mailing Address:

49 HAYWOOD COURT
FORT THOMAS, KY 41075

New Mailing Address:

FEI Number: 20-1296503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINSTERMAN, KAREN S
543 BELVEDERE COURT
PUNTA GORDA, FL 339506426 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MINSTERMAN, KAREN S	
Address:	49 HAYWOOD CT.	
City-St-Zip:	FT. THOMAS, KY 41075	
Title:	MGR	( ) Delete
Name:	MASTERS, WILLIAM J	
Address:	206 TAYS MEADOWS	
City-St-Zip:	SCOTT DEPOT, WV 25560	
Title:	MGR	( ) Delete
Name:	BREITENSTEIN, CAROL A	
Address:	123 RIDGE HILL DRIVE	
City-St-Zip:	HIGHLAND HEIGHTS, KY 41076	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN MINSTERMAN MRS 01/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date