

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90178 036 ****50.00

DOCUMENT # L04000049344

1. Entity Name
BELMONTE GARDENS, LLC



Principal Place of Business
**3733 ADIROLF ROAD
JACKSONVILLE, FL 32207-4719**

Mailing Address
**3733 ADIROLF ROAD
JACKSONVILLE, FL 32207-4719**

20009539



02172006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1370054

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRISON, CHARLES R ESQ.
1413 TROVILLION AVENUE
WINTER PARK, FL 32879**

Name

JAMES M. LANAHAN

Street Address (P.O. Box Number is Not Acceptable)

3733 ADIROLF ROAD

City

JACKSONVILLE

FL

Zip Code

32207

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

J. M. LANAHAN

2/17/06

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LANAHAN, JAMES M
3733 ADIROLF ROAD
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LANAHAN, JAMES M
3733 ADIROLF ROAD
JACKSONVILLE, FL 32207** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LANAHAN, MARIAN D
3733 ADIROLF ROAD
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LANAHAN, MARIAN D
3733 ADIROLF ROAD
JACKSONVILLE, FL 32207** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

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:

J. M. LANAHAN

Date

Daytime Phone #

2/17/06

904 396 3025