



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90796 042 \*\*\*\*50.00

<b>DOCUMENT # L04000056271</b> 1. Entity Name <b>BELAIR HOMES, L.L.C.</b>					
Principal Place of Business <b>4976 HAVERHILL RD. LAKE WORTH, FL 33463</b>			Mailing Address <b>4976 HAVERHILL RD. LAKE WORTH, FL 33463</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3303 Harbor Point Rd.</b>			
City & State		City & State <b>Baldwin NY</b>			
Zip		Zip <b>11510</b>			
4. FEI Number <b>20-144 7945</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>PARAY, EVELYN 4976 HAVERHILL RD. LAKE WORTH, FL 33463</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARAY, EVELYN 4976 HAVERHILL RD. LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHURAMAN, VICTOR 169-94 107 AVE. JAMAICA, NY 11433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINGH, JAIENTIE 4224 NE JACKSONVILLE RD. OCALA, FL 34479	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE: Evelyn Paray (PRESIDENT)</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>3/14/05</b> Daytime Phone # <b>(516) 992-0504</b>	