

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056271

Entity Name: BELAIR HOMES, L.L.C.

FILED  
Apr 11, 2006  
Secretary of State

**Current Principal Place of Business:**

4976 HAVERHILL RD.  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

3303 HARBOR POINT RD  
BALDWIN, NY 11510

**New Mailing Address:**

FEI Number: 20-1447945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARAY, EVELYN  
4976 HAVERHILL RD.  
LAKE WORTH, FL 33463 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: PARAY, EVELYN  
Address: 3303 HARBOR POINT RD  
City-St-Zip: BALDWIN, NY 11510

Title: MGR ( ) Delete  
Name: CHURAMAN, VICTOR  
Address: 169-94 107 AVE.  
City-St-Zip: JAMAICA, NY 11433

Title: MGR ( ) Delete  
Name: SINGH, JAIANTIE  
Address: 4224 NE JACKSONVILLE RD.  
City-St-Zip: OCALA, FL 34479

**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 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: EVELYN PARAY

MGR

04/11/2006

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