

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000085919

1. Entity Name

BELTWAY COMMERCE CENTER GP, LLC



Principal Place of Business

1350 E. NEWPORT CENTER DRIVE, STE. 206
DEERFIELD BEACH, FL 33442

Mailing Address

1350 E. NEWPORT CENTER DRIVE, STE. 206
DEERFIELD BEACH, FL 33442



04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2736464

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ
700 VILLAGE SQUARE CROSSING, 102B
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

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

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**

1100000540949
05/10/06-80037-024 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, STE. 206
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	KASSOF, LINDA
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, STE. 206
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	MCFADDEN, JEFF K
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, STE. 206
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Linda G. Kassof

04/27/2006

Date

(954) 428-4585

Daytime Phone #