

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 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**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

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**

**DO NOT WRITE
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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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04/03/07-80020-023 55.00

**DO NOT WRITE
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 Kassof

3-23-07

Date

954 428-4585

Daytime Phone #