


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000085919
 1. Entity Name
BELTWAY COMMERCE CENTER GP, LLC



Principal Place of Business Mailing Address
 1350 E. NEWPORT CENTER DRIVE, STE. 206 1350 E. NEWPORT CENTER DRIVE, STE. 206
 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2736464	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR REIBLING, GUENTHER 1350 E. NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR KASSOF, LINDA 1350 E. NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MCFADDEN, JEFF K 1350 E. NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442
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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: *Linda Kassof* 07 Feb 2008 954-428-4388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #