


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000025295</b> 1. Entity Name <b>BELLE GROVE MHP, LLC</b>	
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Principal Place of Business <b>624 US 301 BLVD E BRADENTON, FL 34203</b>	Mailing Address <b>624 US 301 BLVD E BRADENTON, FL 34203</b>
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2503313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JONATHAN JAMES DAMONTE, CHARTERED  
12110 SEMINOLE BLVD.  
LARGO, FL 33778**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, HUGH 14625 BALTIMORE AVE., #412 LAUREL, MD 20270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, ALEXANDER G 12717 W SUNRISE BLVD #268 CORAL SPRINGS, FL 33323
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04/18/07-80042-012 50.00

**DO NOT WRITE  
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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:**  **3/29/07 410 746 0201**

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