

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90042 028 ****50.00

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1. Entity Name
8947 BELLE AIRE DRIVE, LLC

Principal Place of Business
7568 REGENCY LAKE DRIVE, SUITE 802
BOCA RATON, FL 33433

Mailing Address
7568 REGENCY LAKE DRIVE, SUITE 802
BOCA RATON, FL 33433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-258 4008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MGR SOROKA, MARSHA A
STREET ADDRESS
7568 REGENCY LAKE DRIVE, SUITE 802
CITY-ST-ZIP
BOCA RATON, FL 33433 ☐ Delete

TITLE NAME
ST SOROKA, MARSHA A
STREET ADDRESS
7568 REGENCY LAKE DRIVE, SUITE 802
CITY-ST-ZIP
BOCA RATON, FL 33433 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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

Marsha A. Soroka

4/10/06