

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047303

FILED
Aug 25, 2006
Secretary of State

Entity Name: BELLE TERRE DEVELOPMENT, LLC

Current Principal Place of Business:

3900 MILLENIA BLVD.
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

3900 MILLENIA BLVD.
ORLANDO, FL 32839

New Mailing Address:

P.O. BOX 2148
APOPKA, FL 32704

FEI Number: 20-2908673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, SOUTH, MILHAUSEN & CARR, P.A.
C/O J. TODD SOUTH, ESQ.
2699 LEE ROAD, SUITE 120
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MILLER, SOUTH & MILHAUSEN, P.A.
C/O J. TODD SOUTH, ESQ.
1000 LEGION PLACE SUITE 1200
ORLANDO, FL 32801 US

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.

SIGNATURE: J. TODD SOUTH

08/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAMPBELL, WILLIAM P
Address: 3900 MILLENIA BLVD.
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAMPBELL, WILLIAM P
Address: 8330 BOYLA CT.
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM P. CAMPBELL

MGR

08/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date