

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048128

Entity Name: BELNEER, L.L.C.

FILED  
Sep 01, 2007  
Secretary of State

**Current Principal Place of Business:**

3409 MINNOW CREEK DRIVE  
SPRING HILL, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

3409 MINNOW CREEK DRIVE  
SPRING HILL, FL 34607

**New Mailing Address:**

FEI Number: 05-0622762      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:**

**Name and Address of New Registered Agent:**

VRASPIR, TODD W  
5327 COMMERCIAL WAY  
SUITE A101  
SPRING HILL, FL 34606 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: QUEER, JEFFREY  
Address: 10067 NORTHWIND COURT  
City-St-Zip: SPRING HILL, FL 34608

Title: MGR      ( ) Delete  
Name: BELKNAP, DON  
Address: 3409 MINNOW CREEK DRIVE  
City-St-Zip: SPRING HILL, FL 34607

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY QUEER

MNGR

09/01/2007

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