

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 19, 2006 8:00 am
Secretary of State

04-05-2006 90022 022 *****50.00

DOCUMENT # L95000079151 1. Entity Name OHC BELLE MEADE, LLC					
Principal Place of Business 2050 SOUTH A1A, UNIT 5 JUPITER FL 33477			Mailing Address 2050 SOUTH A1A, UNIT 5 JUPITER FL 33477		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3365312	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMANN, CAMILLE O 2050 SOUTH A1A, UNIT 5 JUPITER FL 33477				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 _____ (NOTE: Registered Agent signature required when filing statement) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OLIVER-HOFFMANN CORPORATION 7 SOUTH 251 OLESEN LANE NAPERVILLE IL 60540 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Robert W. Schup</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			VICE PRESENT 3-29-06 630-357-3300 Office Daytime Phone #		