

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086907

FILED
Apr 15, 2009
Secretary of State

Entity Name: BELLE CENTER, LLC

Current Principal Place of Business:

62110 FRONTIER CIRCLE
LABELLE, FL 33935 US

New Principal Place of Business:

419 W. SR 80
LABELLE, FL 33935 US

Current Mailing Address:

62110 FRONTIER CIRCLE
LABELLE, FL 33935 US

New Mailing Address:

419 W. SR 80
LABELLE, FL 33935 US

FEI Number: 20-3406932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKY, TERRI
62110 FRONTIER CIRCLE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

BANKY, TERRI
1278 FRONTIER CIRCLE
LABELLE, FL 33935 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: TERRI BANKY

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BANKY, CHARLES
Address: 62110 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM () Delete
Name: BANKY, TERRI L
Address: 62110 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BANKY, CHARLES
Address: 1278 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM (X) Change () Addition
Name: BANKY, TERRI L
Address: 1278 FRONTIER CIRCLE
City-St-Zip: LABELLE, FL 33935 US

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: TERRI BANKY

MM

04/15/2009

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