


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90361 023 ****50.00

DOCUMENT # L05000101541 1. Entity Name BELFORT PARTNERS, LLC	
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Principal Place of Business 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250	Mailing Address 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business - No P.O. Box #		Mailing Address	
The Devlin Group, Inc. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250		The Devlin Group, Inc. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250	



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 58-2551497 20-3622305	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	
MCCUE, EDWARD R JR 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250	

7. Name and Address of New Registered Agent	
Name	
Street	Edward R. McCue, Jr. 1548 The Greens Way, Ste 6
City	Jacksonville Beach, FL 32250
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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE DEVLIN GROUP, INC 1548 THE GREENS WAY, STE 3 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #