2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State 05-01-2008 90029 036 ***138.75 DOCUMENT # L05000114674 NORTH BELLEVIEW DEVELOPMENT COMPANY, LLC 00037239 Principal Place of Business Mailing Address 1507 E. CONCORD STREET 1507 E. CONCORD STREET ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-1589724 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Tony M. Benge, Jr. DICKSON, RUSSELL K JR. 1507 E. Concord Street 20 N. ORANGE AVENUE **SUITE 1500** Orlando, FL 32803 ORLANDO, FL 32801 City de 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 FILE NOW!!! FEE 1S \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Delete TITLE ☐ Change ■ Addition TITLE BENGE, TONY M JR. NAME NAME 1507 E. CONCORD STREET STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 receipter or prustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

407.770.0155

FILED