2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# L05000118019

Entity Name: BW BELLE GLADE, LLC

Current Principal Place of Business:

1726 CORPORATE DRIVE
BOYNTON BCH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1726 CORPORATE DRIVE
BOYNTON BCH, FL 33426

New Mailing Address:

FEI Number: 51-0569848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRASKER, PAUL A
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BCH, FL 33426 US

Name and Address of New Registered Agent:

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:	DUBOIS, BRETT W	
Address:	1726 CORPORATE DRIVE	
City-St-Zip:	BOYNTON BCH, FL 33426 US	
Title:	MGR	( ) Delete
Name:	DUBOIS, WAYNE	
Address:	1726 CORPORATE DRIVE	
City-St-Zip:	BOYNTON BCH, FL 33426 US	
Title:	MGR	( ) Delete
Name:	LULFS, BRIAN J	
Address:	1726 CORPORATE DRIVE	
City-St-Zip:	BOYNTON BCH, FL 33426 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: E. WAYNE DUBOIS MGR 02/02/2007

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