2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT **FILED** Feb 11, 2008 08:00 AM DOCUMENT # L06000025676 1. Entity Name **Secretary of State** SC BELLE MEADE, LLC Principal Place of Business Mailing Address 950 JEFFERSON STREET 950 JEFFERSON STREET HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 CR2E083 (12/07) 01092008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5089205 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTER, STEVEN DO NOT WRITE 950 JEFFERSON STREET HOLLYWOOD, FL 33019 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 UQ00000824822 After May 1, 2008 Fee will be \$538.75 02/20/08-80074-026 138.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CASTER, STEVEN STREET ADDRESS 950 JEFFERSON ST CITY-ST-ZIP HOLLYWOOD, FL 33019 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE

IN THIS SPACE

11. I hereby certify that the information exopplied 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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