

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026126

FILED  
May 01, 2007  
Secretary of State

Entity Name: BELLEAIR MANAGEMENT, LLC

**Current Principal Place of Business:**

17070 COLLINS AVENUE  
SUITE 258  
SUNNY ISLES, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

17070 COLLINS AVENUE  
SUITE 258  
SUNNY ISLES, FL 33160 US

**New Mailing Address:**

FEI Number: 43-2102532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CESPEDES, CARLOS A ESQ.  
3901 NW 79TH AVENUE  
SUITE 122  
MIAMI, FL 33166 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OSORIO-DAVILA, GERMAN  
Address: 17070 COLLINS AVENUE, SUITE 258  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM ( ) Delete  
Name: BELLO, JOAQUIN M  
Address: 17070 COLLINS AVENUE, SUITE 258  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM ( ) Delete  
Name: OSORIO, JARAMILLO, GERMAN  
Address: 17070 COLLINS AVENUE, SUITE 258  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM ( ) Delete  
Name: PEREZ, ADOLFO  
Address: 17070 COLLINS AVENUE, SUITE 258  
City-St-Zip: SUNNY ISLES, FL 33160 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERMAN OSORIO DAVILA

MGRM

05/01/2007

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