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2007 LIMITED LIABILITY COM	Jan 24, 2007 8:00 at			
ANNUAL REPORT	Secretary of State			
DOCUMENT # L06000046724  Entity Name BELATO GROTTO, LLC		01-24-2007 90052 048 ****50.00		

1. Entity Name	UMENT # L06000046724 ro grotto, llc					01-24-200	7 90052	2 048 ****	50.00
	ce of Business Mailing Address  H MILITARY TRAIL STE 107 H GARDENS, FL 33410  Mailing Address  9121 NORTH MILITARY TRAIL S PALM BEACH GARDENS, FL 33					60005577			
2. Principal Pl	cipal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01192007	Chg-LLC	CR2E	083 (12/06)	
City & State	3	City & State			4. FEI Numb		5		plied For t Applicable
Ζip	Country	Zip	Zip Coun		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered	Agent	
FOULLING	WY 5 500			Name					
ECKHAUS, JAY E ESQ 9121 NORTH MILITARY TRAIL STE 107 PALM BEACH GARDENS, FL 33410			Street Address (P.O. Box Number is Not Acceptable)						
				City		·		Zip Code	•
	named entity submits this statement to	or the purpose of changing its	register	<u> </u>	ered agent, or bo	oth, in the State of Flo	FL orida. Larr	<b>-</b>   '	
the obligati	ions of registered agent.								
·	Signature, typed or printed name of registered agent	and little if applicable (NOT)	E Registere	d Agent signature require	ed when reinstating)		DATE	-	
Fi Di	ling Fee is \$50.00 ue by May 1, 2007							payable to nent of State	•
9.	. MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGE	s	
TITLE	MGRM 1969	☐ Delete	TITLE					Change	Addition
NAME	SADLER: DIEGO		NAM	E				_ ,	_
STREET ADDRESS	2709 TECUMSEH DRIVE		STRE	ET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	)	CITY	-ST-ZIP					]
TITLE	MGRM	☐ Delete	TITLI	E .		• •		☐ Change	☐ Addition
NAME	SPUNBERG, JEROME J		NAM	E					
STREET ADDRESS	39 ST. GEORGE PLACE			ET ADORESS					1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 3		CITY	-ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TIFLE	····-		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME		☐ Delete	NAM	l				☐ onlinge	C) Addition
STREET ADDRESS			STRE	ET ADDRESS					ļ
CITY-ST-ZIP			CITY	- ST-ZIP					
TITLE		☐ Delete	TITL	E				Change	Addition
NAME			NAM						
STREET ADDRESS				ET ADORESS					-
CITY-ST-ZIP			CITY	- ST - ZIP					
TITLE		☐ Delete	INL	<b>I</b>				☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	l l					
CITY-ST-ZIP				EET ADDRESS ST-ZIP					ļ
	portify that the information as sails of the	h this filing does not supply to			d in Charter 130	- Florido Ctatular 11	iurtho	ifu that the int-	rmetion
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: \_\_\_\_\_ Daytime Phone #