2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L06000062368 1. Entity Name BELLERIVE HOLDINGS, LLC					04-30-2007 9	90042 016 ****50	0.00
Principal Place of Business POST OFFICE BOX 2294 LAKELAND, FL 33806			Mailing Address POST OFFICE BOX 2294 LAKELAND, FL 33806		16118 61111 48111 6 8111 4811	# 88118 B119 11888 1218 B1181 15	188 1 lie 1 88 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083 (12/06)	
City & State		City & State	City & State		081949	·	oplied For
Zip	Country	Zip	Country		of Status Desired	\$5.00 Add	litional
	6. Name and Address of Curr	rent Registered Agent	i	7. Name and	Address of New R	tegistered Agent	
		, and the same of	Name	(1.112		- Sieres - Agent	
MADDEN, ROBERT L 6810 NEW TAMPA HIGHWAY STE 100 LAKELAND, FL 33815				ss (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	е
	named entity submits this stateme ions of registered agent.	nt for the purpose of changing its	registered office or reg	istered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		·					
Fi D	iling Fee is \$50.00 ue by May 1, 2007					e check payable to a Department of State	 B
Fi D	ue by May 1, 2007	MBERS/MANAGERS	10.			a Department of State	9
Di	ue by May 1, 2007		10.		Florida	Department of State	
9.	ue by May 1, 2007 MANAGING ME	MBERS/MANAGERS			Florida	a Department of State	B
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME MGR MADDEN, ROBERT L POST OFFICE BOX 2294 LAKELAND, FL 33806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	a Department of State /CHANGES Change	Addition
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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 companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE