

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000063738					
1. Entity Name BELMORE PLANTATION, LLC					
Principal Place of Business 569 EDGEWOOD AVENUE JACKSONVILLE, FL 32205			Mailing Address 569 EDGEWOOD AVENUE JACKSONVILLE, FL 32205		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE, STE 1300 JACKSONVILLE, FL 32202-3520				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when retaking) Signature: typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCARTHUR, WILLIAM A 569 EDGEWOOD AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000936493 05/27/08-80013-002 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCARTHUR, WILLIAM A JR. 569 EDGEWOOD AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE: <i>Will Com</i>			4/28/08 (904) 388-3561		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		