

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087201

**FILED**  
**May 02, 2007**  
**Secretary of State**

**Entity Name:** BELLE GLADE RESIDENTIAL COMMUNITIES, LLC

**Current Principal Place of Business:**

13522 CHELMSFORD STREET  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

13522 CHELMSFORD STREET  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

MITEFF, DANIEL  
13522 CHELMSFORD STREET  
WELLINGTON, FL 33414    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:**

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Delete  
Name:                      MITEFF, DANIEL  
Address:                      13522 CHELMSFORD STREET  
City-St-Zip:                      WELLINGTON, FL 33414

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: DANIEL N. MITEFF

MGRM

05/02/2007

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