

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103590

Entity Name: BELMAR LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

4161 TAMIAMI TRAIL
UNIT 704, BUILDING 7
CHARLOTTE HARBOR, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2886 TAMIAMI TRAIL
#5
PORT CHARLOTTE, FL 33953 US

New Mailing Address:

FEI Number: 20-5768157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, DAVID B
23462 PATERA AVE
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

LINDSEY, ELIZABETH M
2864 OCEANSIDE STREET
NORTH PORT, FL 34286 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: ELIZABETH M. LINDSEY

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINDSEY, ELIZABETH
Address: 2086 ALLIANCE AVE
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGR () Delete
Name: ECKEL, CYNTHIA
Address: 2086 ALLIANCE AVE
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LINDSEY, ELIZABETH
Address: 2864 OCEANSIDE STREET
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGR (X) Change () Addition
Name: ECKEL, CYNTHIA
Address: 2864 OCEANSIDE STREET
City-St-Zip: NORTH PORT, FL 34286 US

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: ELIZABETH M. LINDSEY

MGR

04/29/2007

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