


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-16-2008 90052 027 ***138.75

DOCUMENT # L06000103991 1. Entity Name BELLE PLAGE LLC	
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Principal Place of Business 750 N. ATLANTIC AVENUE, SUITE 1209 COCOA BEACH, FL 32931	Mailing Address 750 N. ATLANTIC AVENUE, SUITE 1209 COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE

30001074



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 06-1798484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
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 \$338.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D PAUL LLC 750 N. ATLANTIC AVENUE, SUITE 1209 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASL OF BREVARD, INC. 1475 PARADISE COURT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2-28-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #