

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104062

**FILED**  
**Feb 17, 2009**  
**Secretary of State**

**Entity Name:** BELLEVIEW BUSINESS CENTER, LLC

**Current Principal Place of Business:**

5635 OAKMONT AVENUE  
HOLLYWOOD, FL 33312

**New Principal Place of Business:**

1930 HARRISON STREET  
SUITE 603  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

5635 OAKMONT AVENUE  
HOLLYWOOD, FL 33312

**New Mailing Address:**

1930 HARRISON STREET  
SUITE 603  
HOLLYWOOD, FL 33020

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELDMAN, BERNARD  
5635 OAKMONT AVENUE  
HOLLYWOOD, FL 33312 US

**Name and Address of New Registered Agent:**

CITRINE MANAGEMENT SERVICES, INC.  
2706 NE 32ND AVE.  
SUITE 3  
FORT LAUDERDALE, FL 33308 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: BERNARD FELDMAN

02/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVID, HOURI  
Address: 5635 OAKMONT AVE  
City-St-Zip: HOLLYWOOD, FL 33312

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CITRINE MANAGEMENT S, SERVICES INC.  
Address: 2706 NE 32ND AVE. SUITE 3  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: BERNARD FELDMAN

MGR

02/17/2009

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