
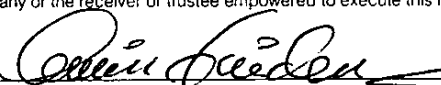


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000058601						SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JUN -2 PM 1:44	
1. Entity Name BELMONT GENERAL LLC							
Principal Place of Business 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131				Mailing Address 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131			
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	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FARRA, MIGUEL G 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>			
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 _____							
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAIDEN, AMIN			NAME			
STREET ADDRESS	1643 BRICKELL AVENUE, APT. 2305			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33129			CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE SAIDEN, SILVIA			NAME			
STREET ADDRESS	1643 BRICKELL AVENUE, APT. 2305			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33129			CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAIDEN DE NAVARRO, SILVIA			NAME			
STREET ADDRESS	1643 BRICKELL AVENUE, APT 2305			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33129			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				3/24/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			