
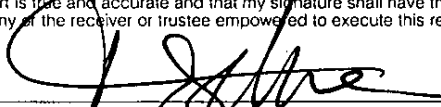


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90073 039 \*\*\*138.75

<b>DOCUMENT # L07000099858</b> 1. Entity Name BELHOSTE HOLDING, LLC.					
Principal Place of Business 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309			Mailing Address 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309		
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		Country		4. FEI Number <b>26-1318290</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  DIANE BELHOSTE 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELHOSTE, MARC 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELHOSTE, DIANE 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELHOSTE, DIANE 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELHOSTE, DIANE 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELHOSTE, DIANE 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELHOSTE, DIANE 1010 NW 51ST PLACE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Diane Belhoste</b> 04.01.2008. 954 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date <b>9281714</b>					