2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 22, 2008 8:00 am Secretary of State **DOCUMENT # L07000101570** 07-22-2008 90026 010 ***143.75 1. Entity Name BELIZE ENTERPRISES, LLC Principal Place of Business Mailing Address 12361 N.W. 14 STREET 12361 N.W. 14 STREET 50008772 PLANTATION, FL 33323 PLANTATION, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4 FELNumber Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTOR, SAMUEL J Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES ROAD -**SUITE 210** BOCA RATON, FL 33431 City 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. Lam familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITL F MGR TITLE ☐ Change Delete ☐ Addition BAPTISTE, CURTIS NAME STREET ADDRESS 12361 N.W. 14 STREET STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33323 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME BAPTISTE, AFUA NAME STREET ADDRESS 12361 N.W. 14 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33323 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRAZIER, SEYMOUR NAME NAME STREET ADDRESS 14270 WINDSONG LANE STREET ADDRESS CITY-ST-7P BOKEELIA, FL 33922 CITY-ST-7IP Delete TITLE MGRM TITLE ☐ Change ☐ Addition FRAZIER, LINDA NAME STREET ADDRESS 14270 WINDSONG LANE STREET ADDRESS CITY-ST-ZIP BOKEELIA, FL 33922 CITY-ST-ZIP TITLE Defete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #