

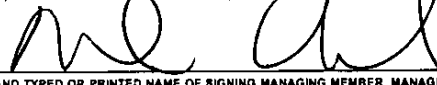


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90130 009 \*\*\*138.75

<b>DOCUMENT # L07000124740</b> 1. Entity Name BELCOURT OF SARASOTA, LLC																													
Principal Place of Business 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236			Mailing Address 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  03272008    Chg-LLC    CR2E083 (12/06)  4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">26-1642053</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>																									
City & State		City & State																											
Zip	Country	Zip	Country																										
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		6. Name and Address of Current Registered Agent  LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="border: 1px solid black; padding: 2px; display: inline-block;">FL</div> 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 _____																									
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$138.75</b>  <b>After May 1, 2008 Fee will be \$538.75</b> </div> <div> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>																													
9. MANAGING MEMBERS / MANAGERS						10. ADDITIONS / CHANGES																							
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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.																													
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b>           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE       </div> <div>         4/3/08 (901) 365-0550          Date    Daytime Phone #       </div> </div>																													