

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028253

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** 3205 AND A HALF BELVEDERE, LLC

**Current Principal Place of Business:**

107 DR. MARTIN LUTHER KING JR. AVE., 6  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

6015 E RECTOR ST  
INVERNESS, FL 34452 US

**Current Mailing Address:**

107 DR. MARTIN LUTHER KING JR. AVE., 6  
INVERNESS, FL 34450 US

**New Mailing Address:**

6015 E RECTOR ST  
INVERNESS, FL 34452 US

**FEI Number:** 27-2143021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, EMMET K  
107 DR. MARTIN LUTHER KING JR. AVE., 6  
INVERNESS, FL 34450 US

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

WILSON, EMMETT K  
6015 E RECTOR ST  
INVERNESS, FL 34452 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: EMMETT WILSON

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILSON, EMMETT K  
Address: 6015 E RECTOR ST  
City-St-Zip: INVERNESS, FL 34452 US

I hereby 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: EMMETT WILSON

MGR

04/19/2011

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