## FILE NOW: Fee after May 1, will be \$588.75

**SIGNATURE:** 

	D LIABILITY CO		F	Sandra	RIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State						
1997 DIVISION OF CORPORATIONS 7											
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$13.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE/							LAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9600000						0879	1a. Principal P	lace of Business A	.ddress		
BELTRESS ASSOCIATES L.L.C. 350 BELTREES ST DUNEDIN FL 34698  If above mailing address is incorrect in any way, line through Incorrect Information and enter or						action in Block 2a	350 BELTREES ST DUNEDIN FL 34698				
				ng Address			3. Date Organ	ized or Qualified	3a. State	of Formation	
Suite Apt. #, etc. Sui				te, Apt. #, etc.			08/14/1996 FL				
City & Stat	·	City & St	City & State			4. FEI Number ☐ Applied For ☐ Not Applicable					
Zip	Country		Zip	Zip Cou		у	5. Date of Las	Report 6. Certif		onal Fee Henomed	
7. Name and Address of Current Regis			urrent Registered	J Agent 8. Name ar			8. Name and A	Address of New Registered Agent			
9. Pursua its register as register	red office or registered red agent, and accep	5 9 8 of Sections 60 d agent, or both	h, in the State of Fic	, Florida Statut rida. Such char	tes, the at	Suite, Apt. #, etc	d liability company	ority of the member	Zip Code ment for the s. I hereby a	purpose of changing ocept the appointment	
SIGNATURE(Registered Agent Accepting Appointment) (NOTE					OTE: Registered Agent signature required when reinstating)				_ DATE		
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code			
MGR MGR	LOWE, JOHN W GOLDSTEIN, LESTER			350 BELTREES ST 935 W CHESTNUT SUITE 415			TE 415	DUNEDIN FL CHICAGO IL			
							50	JOO(J2 -02/13 ****2	оеь 8.75	9751 1067001 ****203.75	
indicated (			wate and that my	eignoturo ehall	have the	e faette (enel emes	s it made under o	ath: that I am a ma	nacino men	tify that the information ober or manager of the s in Block 10, or on an	

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER