


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		RECEIVED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 JUN 18 AM 11:05	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000001055</b>  BELVEDERE DEVELOPMENT, L.C. 3204 BAY TO BAY BLVD. TAMPA FL 33629		1a. Principal Place of Business Address  3204 BAY TO BAY BLVD. TAMPA FL 33629			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Date Organized or Qualified 09/12/1997	
				3a. State of Formation FL	
				4. FEI Number 59-3581133 APPLIED FOR	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/10/1998	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  MANGIONE, RALPH P ESQ. ONE TAMPA CITY CENTER 201 N. FRANKLIN STREET, SUITE 2600 TAMPA FL 33602			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City                      Zip Code <span style="float: right;"><b>FL</b></span>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BARDIN, JEFFREY	3030 N. ROCKY POINT DRIVE		TAMPA FL	
MGRM	SCHMALHORST, LAURA	3204 BAY TO BAY BLVD.		TAMPA FL	
MGRM	SCHMALHORST, STEVE	3204 BAY TO BAY BLVD.		TAMPA FL	
				600002922766--1 -07/02/99--01096--013 ****188.75    ****188.75	
				AL JUN 25 1999	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		March 4, 1999                      8138315390	