#### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L99000000986

1. Entity Name BELVEDERE COMMERCE CENTER, LLC



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

943 CLINT MOORE ROAD BOCA RATON, FL 33487 Mailing Address

943 CLINT MOORE ROAD BOCA RATON, FL 33487



03022008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0894656 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and fills if applicable

HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487

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The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing	ts registered office or req	gistered agent, or both, in t	the State of Florida.	am familiar with, and accept
 	_				

(NOTE: Registered Agent signature required when reinstalling)

#### Filing Fee is \$50.00 Due by May 1, 2008

UNNMN455945 N3/16/06-80010-003 50.nm

9.	MANAGING MEMBERS/MANAGERS
title name street address gity-st-zip	MGRM BERSON, GERALD S 943 CLINT MOORE ROAD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

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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 tyle 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 received or trusted amount of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3/06

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