

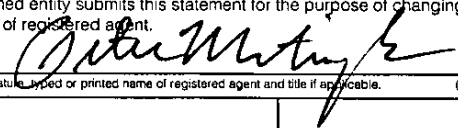
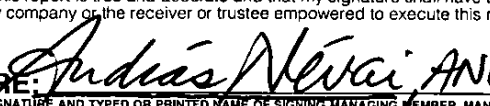


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 15 AM 10:54

DOCUMENT # L99000008936 1. Entity Name BELACO OF FLORIDA, L.L.C.					
Principal Place of Business 100 SUNRISE AVENUE APT 503 PALM BEACH, FL 33480			Mailing Address 100 SUNRISE AVENUE APT 503 PALM BEACH, FL 33480		
2. Principal Place of Business 625 North Flagler Dr.		3. Mailing Address 625 North Flagler Dr.			
Suite, Apt. #, etc. Suite 401		Suite, Apt. #, etc. Suite 401		01052005 Chg-LLC CR2E083 (10/03)	
City & State West Palm Beach FL		City & State West Palm Beach FL		4. FEI Number 22-3719511	
Zip 33401		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NEVAI, CLARA 100 SUNRISE AVENUE APT 503 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Peter Matwiczky, Esq. Street Address (P.O. Box Number is Not Acceptable) 625 North Flagler Drive Suite 401 City West Palm Beach FL Zip Code 33401	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEVAI, CLARA 100 SUNRISE AVENUE APT 503 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Andras Nevai P.O. BOX 1273 SEDONA, AZ 86339-1273
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ELI B. Fine 16657 Sweet Bay Drive DelRAY Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000058892740 08/23/05--01043--023 **110.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I 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 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.					
SIGNATURE:  ANDRAS NEVAI / 2.5.05 / 928.204-1785 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					