

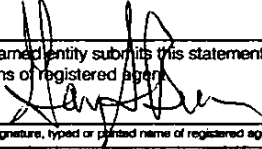
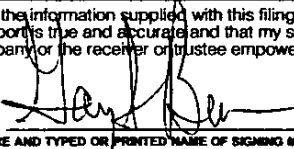


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90289 012 ****50.00

DOCUMENT # M02000002606					
1. Entity Name THE LANDINGS AT BELLE RIVE, LLC					
Principal Place of Business 3250 MARY STREET, SUITE 303 COCONUT GROVE, FL 33133			Mailing Address 3250 MARY STREET, SUITE 303 COCONUT GROVE, FL 33133		
2. Principal Place of Business 2801 Florida Ave. Suite, Apt. #, etc. Suite 14 City & State Coconut Grove, FL Zip 33133 Country USA		3. Mailing Address 2801 Florida Ave. Suite, Apt. #, etc. Suite 14 City & State Coconut Grove, FL Zip 33133 Country USA			
4. FEI Number 51-0428111				03162006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURMAN, GARY S 3250 MARY STREET #303 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name: Gary S. Burman Street Address (P.O. Box Number is Not Acceptable): 2801 Florida Ave. Suite 14 City: Coconut Grove FL Zip Code: 33133		
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:  DATE: 3/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLE RIVE DEVELOPMENT GROUP LLC 3250 MARY STREET, SUITE 303 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Belle Rive Development Group LLC 2801 Florida Ave., Ste. 14 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 			Date: 3/16/06 Daytime Phone #: 305 446 8111		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					