

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90370 018 ****50.00

DOCUMENT # M02000002606

1. Entity Name
THE LANDINGS AT BELLE RIVE, LLC



Principal Place of Business
2801 FLORIDA AVE
STE 14
COCONUT GROVE, FL 33133

Mailing Address
2801 FLORIDA AVE
STE 14
COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE



05102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
51-0428111

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BURMAN, GARY S
2801 FLORIDA AVE
STE 14
COCONUT GROVE, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BELLE RIVE DEVELOPMENT GROUP LLC
2801 FLORIDA AVE. STE 14
COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 redeemer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

4/26/07

305-446-8111

Date

Daytime Phone #