

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90041 018 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # M05000004746

1. Entity Name
BELAIRE AT BOCA LLC



Principal Place of Business
**9860 SW 3RD STREET
 BOCA RATON, FL 33428**

Mailing Address
**9860 SW 3RD STREET
 BOCA RATON, FL 33428**

60042733



2. Principal Place of Business - No P.O. Box #
6400 CONGRESS AVE

3. Mailing Address
6400 CONGRESS AVE

Suite, Apt. #, etc.
SUITE 1750

Suite, Apt. #, etc.
SUITE 1750

02272007 Chg-LLC CR2E083 (12/06)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33487

Country

Zip
33487

Country

4. FEI Number
20-3296770

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAGUE, BRIAN P
 C/O TEW CARDENAS, LLP
 1441 BRICKELL AVE., 15TH FLOOR
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
MRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK DRIVE

SUITE 4

CITY
WINSTON

FL Zip Code
33331

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Zulema M. Howarth, Asst Secy* 4/25/07

Signature, typed or printed name of registered agent and date if applicable (If Not Registered Agent Signature required when reappointing) DATE

Filing Fee is \$50.00
 Due by May 1, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM BELAIR HOLDINGS, LLC	9860 SW 3RD STREET	BOCA RATON, FL 33428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 606, Florida Statutes.

SIGNATURE: *Zulema M. Howarth* 4/25/07 561-988-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #