2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 APR 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500097582155

04052007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000004074

1. Entity Name
BELMONT ZEPHYRHILLS, LLC

Principal Place of Business	Mailing Address
18331 PINES BLVD #202 PEMBROKE PINES, FL 33029	18331 PINES BLVD #202 PEMBROKE PINES, FL 33029

BK

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P.O. Box 4248	
Suite, Apt. #, etc.		Suite, Apt. #, etc. WaldenPacific c/o ORAI Enterprises	
City & State		City & State Sunland, CA	
Zip	Country	Zip 91041	Country USA

4. FEI Number 20-4830944 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHANCELOR, MARLON D 18331 PINES BLVD #202 PEMBROKE PINES, FL 33029	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301

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] Kimberly B. Moret as its agent 4/19/07
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 May 1, 2007

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDENPACIFIC PROPERTY TRUST 18331 PINES BLVD #202 PEMBROKE PINES, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDENPACIFIC PROPERTY TRUST PMB#601, 2711 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Susie Hipp 04/19/2007 562.429.7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC
CORPORATION SERVICE COMPANY

M06000004074

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 837543 7551878

AUTHORIZATION :

COST LIMIT : $ 50.00

ORDER DATE : April 5, 2007

ORDER TIME : 1:22 PM

ORDER NO. : 837543-005

CUSTOMER NO: 7551878

BK

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT

NAME: BELMONT ZEPHYRHILLS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS: _____