

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001626

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** BELMONT HOLDINGS VENTURES, LLC

**Current Principal Place of Business:**

7807 BAYMEADOWS RD EAST  
STE 205  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7807 BAYMEADOWS RD EAST  
STE 205  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 80-0571486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

MAXWELL, DOUGLAS R  
4440 MERRIMAC AVENUE  
SUITE 102  
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: DOUGLAS R. MAXWELL

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BELMONT VENTURES I, LLC  
Address: 7807 BAYMEADOWS RD EAST - STE 205  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PRES  
Name: BURR, EDWARD E  
Address: 7807 BAYMEADOWS ROAD, EAST, #205  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP  
Name: POSTLETHWAITE, ROGER F  
Address: 7807 BAYMEADOWS ROAD, EAST, #205  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPST  
Name: BUSSELLS, WALTER P  
Address: 7807 BAYMEADOWS ROAD, EAST #205  
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD E. BURR

PRES

03/15/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date