FILED
Jan 26, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000006313

1. Entity Name
CASABELLA DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
1900 SOUTH HARBOR CITY BLVD SUITE 221 MELBOURNE, FL 32901	PO BOX 1000 MELBOURNE, FL 32902-1000

DO NOT WRITE IN THIS SPACE

01242005No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3650089
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSS, JOEL S
1900 S. HARBOR BAY BLVD. STE 346
MELBOURNE, FL 32901

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000197063
01/26/05-80090-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	LEVY, RONALD D
STREET ADDRESS	855 SANDERLING DR.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	V
NAME	LEVY, NORMA
STREET ADDRESS	855 SANDERLING DR.
CITY-ST-ZIP	INDIALANTIC, FL 32903
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ronald Levy 1/24/05 (321)984-2322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Sent 1/26/05 check # 2643