

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004271

FILED  
May 28, 2004  
Secretary of State

Entity Name: BELLA VITA I, LLC

**Current Principal Place of Business:**

1234 AIRPORT ROAD  
SUITE 102  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

1234 AIRPORT ROAD  
SUITE 102  
DESTIN, FL 32541 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY  
SUITE 301  
DESTIN, FL 32541 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      CANNON, SHANE L  
Address:                      1234 AIRPORT ROAD SUITE 102  
City-St-Zip:                      DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHANE L CANNON                                      MGR                                      05/28/2004

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