## 2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 05, 2007 08:00 AM Secretary of State

DOCL	<b>JMENT</b>	# [	0400	0007	'611
	J   Y   L   Y	77 6	, ,		$\sim$ 1 $^{\circ}$

1. Entity Name

BELLA VILLA ARTISTRY, L. L. C.



Principal Place of Business

3301 SOUTH COCONUT ISLAND DR.

SUITE 101

STREET ADDRESS CITY-ST-ZIP

BONITA SPRINGS, FL 34134-9149 US

Mailing Address

3301 SOUTH COCONUT ISLAND DR.

SUITE 101

BONITA SPRINGS, FL 34134-9149 US



01082007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FE! Number	Applied For
20-1372493	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

ROBBOLINO, JOHN JR. 3301 SOUTH COCONUT ISLAND DR. SUITE 101 BONITA SPRINGS. FL 34134-9149 DO NOT WRITE IN THIS SPACE

BONITA SPRINGS, FL 34134-9149		A Adaptive What we are a to see				
	e named entity submits this statement for the purpose of chang tions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent eignature required when reinstating)				
	iling Fee is \$50.00 ue by May 1, 2007	02/13/07-80033-018 50.00				
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBOLINO, JOHN JR. 3301 SOUTH COCONUT ISLAND DR., SUITE 101 BONITA SPRINGS, FL 341349149	the second transport of the se				
TITLE						
NAME STREET ADDRESS CITY-ST-ZIP		and the state of t				
TITLE						
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS		IN THIS SPACE				
CITY-ST-ZIP						
TITLE NAME		The second secon				
STREET ADDRESS CITY+ST-ZIP						
TITLE		And the second s				

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 companied to except this peport as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-31-07

Daytime Phone #